

MANDATING ACTION: HIGH SCHOOL STUDENTS' PERCEPTIONS OF A
SCHOOL-BASED PHYSICAL ACTIVITY POLICY

by

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ABSTRACT

This research evaluated the impact of a provincial school-based health requirement on the student recipient. It will start with an outline of the (somewhat) recent trend to incorporate public health policies within a school environment in Canada and specific to British Columbia. Particular attention will focus upon the political context and the announcement of several provincial school health policies after the 2010 Winter Olympic/Paralympic bid. Recent school policies in the province of British Columbia include the mandate to eliminate certain cafeteria food (September 2005) and to prohibit tobacco use on school properties (September 2007). This thesis however will focus upon Daily Physical Activity (September 2008) – the requirement that all children in the province (K-12) must participate in moderate to vigorous physical activities (150 minute period per week). The intention of the research was to compare and contrast the official stories (told within provincial documentation) to that of the unofficial stories from a particular student population. Data collection was dependent upon (i) a critical review of relevant provincial documentation as well as (ii) the semi-structured interview process with a senior student population (n=14) at Terry Fox Secondary School (Coquitlam, School District 71). The combination of these two qualitative methodologies revealed (i) the student definition and approach to participation in physical activities; (ii) use of online technologies to monitor participation; (iii) the differentiation between participation in physical education, sport and physical activities; (iv) the continual emphasis on appearance to define health; and (v) the need to discuss alternative possibilities to tackle health in school. Data from each theme will be discussed with respect to the need to better articulate the relationship between the latest school-based health policies and the historical inclusion of a physical and health education curriculum within an academic domain. It will use the advice from a student audience to emphasize the basic purpose of existent curricula to educate (as oppose to mandate) people to lead a healthier life.

PREFACE

This research received ethical approval from the University of British Columbia, Office of Research Services, Research Ethics Board (certificate number H09-00837) as well as School District 43, Coquitlam, British Columbia.

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DEDICATION

I would like to dedicate this work to the student population at Terry Fox Secondary School who showed me that to tackle a rumor you have to go to the source. Through your time and commitment to this project—you were each a brilliant and inspirational source.

CHAPTER 1: INTRODUCTION

There is a growing commitment to target health related physical activity in school through public policies, due in part to new anxieties over youth inactivity and obesity. This commitment focuses on public policies, as opposed to curricular development, to advocate certain health behaviour. To illustrate the difference between school policies and curricula, a curriculum is intended to support instruction and provide a blueprint of achievement for each subject and grade; school-based health policies, on the other hand, refer to a guideline which is separate from curricula, and that outlines a standard practice or behaviour for all students. Ministries of health and education in Singapore, for example, have taken the extreme action of mandating that overweight children undertake remedial physical activity and purchase food at school that is within a certain caloric limit (Gard & Kirk, 2007). Within Canada, several provincial ministries of health and education have collaborated to develop school-based health policies comparable to the efforts in Singapore and elsewhere across the globe.¹ Some examples of these include the mandate to eliminate all junk food in schools, the development of a comprehensive bully prevention strategy, and legislation to reduce the likelihood of anaphylaxis in school. In addition to these widely adopted policies is Daily Physical Activity (DPA), a provincial mandate in Alberta, British Columbia and Ontario.

As a student teacher at Brock University, I was invited by the Physical and Health Education Consultant for the District School Board of Niagara to analyze teacher feedback regarding the implementation of Daily Physical Activity (DPA), a school-based health policy that was mandated across Ontario in the fall of 2006. The purpose of the project was to develop practical resource material (i.e., an activities repertoire for the classroom) for the profession to

¹ Health Care and Education fall within each respective provincial/territorial portfolio in Canada, and therefore allow for one prime form of government to oversee respective action.

aid in the implementation of the policy. Upon completion of the project, I was dissatisfied with the evaluation of these school-based health policies and, in particular, the lack of available information to help better understand their impact on the student population with respect to their participation in physical activities.

This dissatisfaction led me to pursue my present thesis project: collecting qualitative data from senior students at Terry Fox Secondary School (TFSS) in Coquitlam, British Columbia regarding their experience with DPA. I was curious to note their reaction (both positive and negative) and the manner in which policies could influence their perception(s) of health and encourage behavioural changes. This research used data from provincial documentation and the school environment to examine each research question below:

1. What is the prime motive behind the development and implementation of school-based health policies, and in particular DPA, within the context of British Columbia?
2. How are these policies, and in particular the graduation requirement to be more active, brought to life in one high school within the Greater Vancouver Area?
3. How does the presence of these policies influence the health behaviour (perception and practice) reported on behalf of the senior high school student population?

Daily Physical Activity: A school-based health policy

Aside from its literal meaning (exercise on a daily basis), Daily Physical Activity (DPA) is also the title adopted for a particular school-based health policy in Alberta, British Columbia and Ontario. Despite some discrepancies amongst each province (i.e., grade requirement and activity time/duration), Alberta, British Columbia and Ontario all state (within their respective policy/program memorandum) a desire to increase physical activity participation and, thus, require young people to be active, every school day (see Table 1).

As stated by the provincial government of Ontario, implementation of the policy is intended to “enable all elementary students to improve or maintain their physical fitness and their overall health and wellness and to enhance their learning opportunities.” (Ontario Ministry of Education and Training, 2005, ¶4) The Ministries of Education in Alberta and Ontario mandated the policy at the onset of the 2006/07 academic year, while British Columbia mandated the policy in September 2008 (Alberta Education, 2006; Ontario Ministry of Education and Training, 2005; British Columbia Ministry of Education, 2008). Depending on the province, a student is required to participate in a minimum twenty to thirty minute period of moderate to vigorous physical activity every school day.

Of particular importance to this thesis is the incorporation of school-based health policies at the secondary school level, a scenario that is unique to the province of British Columbia. Alberta and Ontario do not require a high school student to partake in physical activities. Participation in physical activities is a requirement for children (K-8/9) and a teacher must organize these opportunities for children. British Columbia, on the other hand, does mandate DPA (150 min/week) at the high school level as a graduation requirement. A teacher does not need to facilitate activities at this level.

Table 1. Daily Physical Activity (DPA) in Canada

	Alberta	British Columbia	Ontario
Effective	September 2005	September 2008	October 2005
Grade	Kindergarten-G9 (elementary program)	Kindergarten-G12 (elementary and secondary program)	Kindergarten-G8 (elementary program)
Duration	30 min/school-day; during instruction and/or non-instructional time (i.e., classroom time and/or recess)	Kindergarten: 15 min/school- day Grade 1 to 9: 30 min/school- day; Grade 10 to 12: 150 min/week	20 min/school-day; during instructional time (i.e., classroom time)

	Alberta	British Columbia	Ontario
Facilitator	Activities organized by school staff, a member of the community and/or a student representative	At the elementary level (K to Grade 9) activities are to be organized by the school staff. At the secondary level, activities are to be organized by the student, on his/her own time, outside of the regular school day	Activities organized by school staff, a member of the community and/or a student representative

Daily Physical Activity in British Columbia

As illustrated in the table above, in British Columbia DPA is a requirement for every student from Kindergarten to Grade 12. At the secondary school level, in order to graduate, a student must complete a minimum of a 150-minute period of physical activity per week for the duration of the school year (British Columbia Ministry of Education, 2008). This period of physical activity can be fulfilled on a single day or divided over the course of the week. For example, if a student went skiing on a Saturday afternoon, the time spent on the hill would contribute to her/his weekly requirement. I want to note the use of the term ‘facilitator’ from the table above, as it will represent a major difference between the requirement in British Columbia and the requirement in Alberta and Ontario. ‘Facilitator’ is meant to delineate the individual responsible for the organization of activities and/or opportunities for young people to be active. In Alberta and Ontario, the mandate is effective at the elementary school level (as opposed to the secondary school level) and as such, it is the obligation of an elementary school teacher to facilitate participation in physical activities. However, with the introduction of the requirement at the secondary school level (as is the case in the province of British Columbia), young people in high school are held accountable and must manage their own involvement in physical activities.

In addition to the actual involvement in physical activities, a secondary student must track his/her participation. Through ActNow BC, the provincial health initiative/campaign that supports DPA, and LearnNow BC, the provincial 'virtual school,' the province developed two separate Web-based technologies for student use in September 2008. Each system was built to serve the same purpose and function: to monitor participation in physical activities. Despite the fact that the creation of two similar systems may appear redundant, it is probable that an extra database helps reduce Website traffic on either site and, thus, increases the speed at which young people can record physical activities. The system created by LearnNow BC is only accessible by students in the province and requires the students enter the name of their high school so that a teacher can confirm student participation online. The ActNow BC system, however, is accessible by any member of the public to keep a personal (and private) record of participation in physical activities. (On that note, it is important to state that the Ministry of Education does suggest that as both systems are meant for the use of students in the province to fulfill the mandate, it is not advisable for the general public to access the system.) Essentially, once they have created a profile on either of these systems, a student can select from a list of activities and record the amount of time they spend being active. Upon completion, they must print a copy of her/his action report and submit it to a teacher for review.

Time students spend being active during school hours (for example, during physical education class) can help fulfill the high school requirement, but for the most part, as I noted earlier, additional physical activities are not often offered at school as it is not the obligation of a school, teacher, or staff to provide opportunities for young people to be active. To emphasize this salient point, while a teacher/administrator at each high school has to monitor the record of physical activities and indicate (in)completion of the requirement on each student's report card, they do not need to provide or facilitate the necessary physical activity.

(Re)acting to the mandate

The announcement of any school-based reform—whether a budgetary cut, curriculum revision or policy/program change—will typically trigger a cascade of media attention, and the announcement of the Daily Physical Activity policy in the province of British Columbia was no exception. This section will highlight the response to the policy from the teaching profession, as reflected in the media, and will also report the online reaction of a select group of young people in the province. The intent is to illustrate my decision to target the student voice, and in particular, the voice of young people at Terry Fox Secondary School (TFSS) in Coquitlam, British Columbia as opposed to the opinions of school staff, administration or people within the Ministry of Education.

During a CTV newscast, the President of the BC Teachers' Federation (BCTF), Irene Lanzinger, spoke of the frustration experienced by the BC teaching community in reaction to the mandate. In her statement, she referred to the policy as “more of a PR exercise, than a well thought out plan around the curriculum” (CTV, 2008, ¶ 6) and claimed, “schools just don’t have the room or the resources to add 30 more minutes of exercise per child for every child in the school” (CTV, 2008, ¶ 8). Given the already hectic school day, the additional requirement does impose new demands on the profession. While the time constraints and heavy demands reported by educators is a well-known debate amongst education reformers, the fact remains that school health strategies create unique issues in that while the original curricular expectations remain in place, new pressures (in this case, the pressure to resolve a societal/global health crisis) will surface and challenge traditional classroom practice (a concern I also encountered during my experiences with this policy in Ontario). In response to the statement by the BCTF, Shirley Bond, the British Columbia Minister of Education, claimed that the provincial government initiative was necessary given that this generation of youth may have a shorter lifespan than the

current adult population, and asserted that “[Daily Physical Activity is] about skipping at recess, it’s about walking to school. This is not about taking away from what happens in schools.” (Bond, CTV Newscast, 2008) (It is important to note that the rationale for the policy, on behalf of the provincial government, will be a topic of further discussion within this thesis.)

Despite their absence from the media coverage, young people were also keen to discuss the recent change to the graduation portfolio and in particular, the introduction of school-based health policies. One site in particular (www.facebook.com) became a popular venue to discuss school-based reform as student-to-student debate could occur in the absence of teacher/adult surveillance. Through this Website, I was able to locate a group of senior students from Terry Fox Secondary School (TFSS), whose Facebook group/blog entitled “What’s up with our schools?” fostered communication among 156 people, age 14 to 18.² This group (hereinafter referred to as T-Foxblog) stemmed from another TFSS Facebook group that earlier had rallied people from across the district to protest the potential loss of their theatre; through their interaction online, the students were able to organize a protest and secure the theatre for their high school musical production. In the wake of the success of this group, the student population elected to continue using this online avenue to discuss other reforms within their school environment, which, in turn, led to the creation of T-Foxblog and the DPA dialogue that would eventually comprise the bulk of the discussion board. This demonstration of student activism online further fuelled the inclusion of this vibrant student group in the evaluation of school-based health policies.

In order to reveal the unofficial stories behind the implementation of school health policies (and in particular, DPA in a British Columbian high school), this thesis will unfold in the following manner. Chapter 2 details the development of (non)government agencies that harnessed the Olympic movement in an attempt to influence and endorse public policies—an

² Facebook is a free, virtual social network, accessible online for any member of the public to join.

important subject, as the desire to host a mega-event is often tied to an urban (re)development scheme (Surborg, VanWynsberghe & Wyly, 2008) meant to advance tourism, attract foreign investment and/or cater to those who maintain a certain status within the upper echelon of urban culture. With the above motivation in mind, a mega-event will fail to represent the public life or culture accessible to *all* people to whom the host is home (Hall, 1999). In the case of British Columbia, legacies were shown to invite host communities to re-produce an idealized citizen or locale; at same time, however, these legacies would also isolate and exclude certain people in/from the process. Examining the impact of certain agencies that came to be as a result of the 2010 Olympic initiatives is paramount to understanding the motivation behind, and the endorsement of, several public policies and school-based health strategies. The third chapter will take a broader perspective to examine the external pressure to incorporate health policies in school and share relevant literature to build a case for further student involvement in the process. The fourth chapter will detail the procedure through which I was able to collect data for this project. As such, it will explain each method of collection (i.e., document analysis and the semi-structured interview process) as well as the chosen approach to qualitative data analysis. The fifth chapter will share the collected data through an exploration of each major theme, while the sixth and final chapter will use the research data to recommend future development and implementation strategies. It will also note the need for future evaluation that will invite those within the field to share their stories and offer advice with respect to school-based reform.

CHAPTER 2: BRITISH COLUMBIA AND THE OLYMPIC HYPE

“The question of what kind of city we want cannot be divorced from that of what kind of social ties, relationship to nature, lifestyles, technologies and aesthetic values we desire.”

(Harvey, 2008)

Amidst the attendant uncertainties, any city that has the role of hosting the Olympics can be assured of one unassailable fact: people from around the globe will be watching. The physical growth instigated by host cities and countries in their efforts to stage mega-events is well known and well documented (Barke, 2007; Gold & Gold, 2008). Through the development of public policies and strategies, a mega-event can also prove to change not only the physical infrastructure of cities but also the appearance and behaviour of its people (whether seen or unseen) within the area. Host countries and cities typically attempt to garner a certain image, whether to bolster tourism and attract foreign investment or to create legacies for local communities that will deflect public attention away from the topic of costs (Andranovich, Burbank & Heying, 2001). In the past, many cities have chosen to pair a public health or fitness program with their Olympic publicity initiatives.³ In the case of Athens, Greece and the 2004 Olympic/Paralympic Summer Games, several national health promotion strategies were attached to an Olympic agenda; for example, there was particular emphasis on tobacco use and the dissemination of information through a written medium (i.e., brochure/pamphlet) to promote health. There is similar talk of promoting sustainable health legacies for London, England, who will host the Olympics in 2012, with an emphasis on mass participation in sport, exercise and physical activity (Girginov & Hills, 2008). For Vancouver and Whistler, the 2010 Winter

³ I am cautious with the affiliation I draw between the Olympic and Paralympic games. One mega-event is the direct consequence of the other and as such, host cities must prepare for both. Nevertheless, I maintain that the political effort outlined here for the purpose of this project is a reflection of Olympic idealism and the continual commercialization of sport.

Olympic hosts, an aggressive attempt was put forth by the provincial government to (re)brand the province—and the host cities in particular—as the healthiest in the world. The objective of branding (or re-branding) citizens and cities led to the inception of ActNow BC, a provincial health campaign organization with a unique commitment to the Olympic agenda. The next section will detail the efforts of (quasi-)government agencies, and in particular ActNow BC, to fashion a particular image for people within Vancouver/Whistler in the context of 2010.⁴ It will detail the historical development of each organization in chronological order and highlight the intricate relationship between ActNow BC and school-based health policies. The final section of this chapter will address the current status of the provincial health initiative and question the future of this organization.

2010 LegaciesNow: The attempt to foster legacies

Within the proposal document from the 2010 Domestic Bid Society was a commitment that the next Canadian Bid City would reserve \$5 million to create Olympic legacies. Cities obtain revenue from taxes (property, sales and income) and provincial/federal endorsement, with the bulk of local revenue obtained through the former. As cities compete for human and financial capital within the context of heightened global competition, there is a need to rethink urban opportunities and in particular, the potential for public and nonpublic collaboration. Existent literature will demonstrate the potential for a mega-event to leverage a (re)development scheme (Surborg, VanWynsberghe & Wyly, 2008; Burbank, Andranovich & Heying, 2001) and create unique opportunities to establish cross-ministerial and intersectoral action (Roche, 1994; 2006). Nevertheless, a mega-event can also reveal economic, political and social deficiencies

⁴ A quasi-government organization (also known as a quango in the literature) is a term to depict an organization that is a government organization that is dependent upon non-public (private and non-profit) collaboration (Seidman, 1988). This is not to be mistaken for a quango: a quasi-nongovernment organization (Greve, Flinders & Van Thiel, 1999).

and, as such, in an effort to host a mega-event, host communities must attempt to create positive legacies and diminish the consequential negative impact.

In June 2000, once Vancouver/Whistler won the endorsement of the Canadian Olympic Committee over Calgary and Quebec City, the provincial government partnered with the Vancouver Bid Corporation to create sport legacies for the province. This partnership would mark the inception of 2010 LegaciesNow, a non-profit organization with the intention to create sustainable Olympic legacies. The first mandate of the organization was to support sport development in the province and create opportunities for local athletes to participate on the Olympic and Paralympic stage. This sport-oriented mandate would later expand to include arts and culture, volunteerism, literacy and accessibility for people with disabilities; the expansion did not occur, however, until 2010 LegaciesNow became an independent not-for-profit organization that was in need of further support from the private sector.

One school-based initiative, ActionSchools! BC, received financial support from 2010 LegaciesNow and was piloted across ten elementary schools (specifically in grades four to seven) in Vancouver, British Columbia between February 2003 and June 2004. The Action Schools! BC program is meant to help school staff evaluate the opportunities (e.g., extracurricular activities, infrastructure, etc) for young people to be active, to assess school infrastructure and equipment, and to adopt an action plan to increase participation in physical activities. Since the launch of the pilot program, at least one elementary school in every district across the province has become an Action Schools! BC school, and more than 300,000 young people in the province attend a school registered with the organization. This program is optional, which sets it apart from school health policies that can mandate a specific requirement across all provincial schools. To date, Action Schools! BC does not offer assistance (e.g., resource

material, activity equipment, training, etc.) to school staff at the secondary level but it does continue to do so at the elementary level, with financial support from 2010 LegaciesNow.

Umbrella agencies: The effort to collaborate action

In February 2003, the BC Healthy Living Alliance (BCHLA), a non-government organization, was created for the province. The BCHLA is an umbrella organization, representative of several non-government agencies in the health sector, whose goal is to promote collaborative action and avoid potential conflict across not-for-profit agencies within the health sector. Members of the BC Healthy Living Alliance include: the BC Lung Association; the Canadian Cancer Society; the Heart and Stroke Foundation; Dietitians of Canada; the Canadian Diabetes Association; the BC Pediatric Society; the Public Health Association of BC; the BC Recreation and Parks Association; and, the Union of BC Municipalities.

On July 3, 2003, British Columbia (more specifically, the cities of Vancouver and Whistler) won the 2010 Olympic bid. The announcement of the bid created a window of opportunity for the provincial government to work with various ministries to target a specific agenda and create legacies in the name of the 2010 games. On February 8, 2005, Premier Gordon Campbell declared in the Speech from the Throne that one of the five Great Goals for a Golden Decade in British Columbia was: “To lead the way in North America in healthy living and physical fitness” (Speech from the Thone, 2005). The effort made by the BCHLA and Action Schools! BC contributed towards achieving the aforementioned Great Goal, but better cohesion between agencies (non-government, private and not-for-profit) and government ministries was required to fully achieve its aims. On March 23, 2005, the province launched ActNow BC, a provincial health initiative that was designed to initiate cross-ministerial and intersectoral action and deliver the above Great Goal. To this end, ActNow BC developed a plan

for 2010 with the overall objective of making the province the healthiest jurisdiction to ever host an Olympic event. ActNow BC aimed to achieve each of these targets:

1. To increase by 20% the proportion of the BC population (aged 12+ years) that is physically active or moderately active during leisure time from the 2003 statistic of 58.1% to 69.7%.
2. To increase by 20% the proportion of the BC population (aged 12+ years) that eats the daily recommended amount of fruits and vegetables from the 2003 statistic of 40.1% to 48.1%.
3. To reduce by 10% the proportion of the BC population (aged 15+ years) that uses tobacco, from the 2003 statistic of 16% to 14.4%.
4. To reduce by 20% the proportion of the BC population (aged 18+ years) that is currently classified as overweight or obese from the 2003 statistic of 42.3% to 33.8%.
5. To increase by 50% the number of women who receive counseling about alcohol use during pregnancy, and employ focused strategies for the prevention of fetal alcohol spectrum disorder (FASD) in all regional health authorities. (Ministry of Health, News Release, March 23, 2006)

In an effort to achieve these targets, ActNow BC promoted collaboration amongst Ministries (e.g., Ministry of Transport, Education, etcetera) through an incentive fund in the amount \$15 million payable over a three-year period. As a further incentive, ActNow BC provided a one-time endowment to the British Columbia Health Living Alliance (BCHLA) and 2010 LegaciesNow.

The incentive fund supported strategies proposed by other ministries that were implemented to help accomplish the aforesaid targets. Owing to the affiliation between ActNow BC and the Ministry of Health at the time, administration of the incentive fund was given to the Ministry of Health. As such, all ministries could submit an application to the Ministry of Health for review; financial aid was granted if the review determined that the project would adhere to the ActNow BC platform. To illustrate, one such project was an initiative by the Ministry of Community Services to fund an oral health outreach program in a dental clinic in downtown east side Vancouver. Between 2005 and 2008, the incentive fund supported 30 different strategies from 10 ministries (Geneau, Fraser, Legowski & Stachenko, 2009). It is important to note that the Ministry of Education did not receive support through this incentive fund—nor did it submit an application. Nevertheless, the financial lure of the incentive fund from ActNow BC would prove to attract ministries from across the province to accommodate (as oppose to question) the agenda of the organization.

The endowment given to BCHLA and 2010 LegaciesNow was the largest transfer of financial support (\$30 million) in Canada ever given from a provincial government to a non-government organization (NGO) sector in the field of health promotion (Geneau, Fraser, Legowski & Stachenko, 2009). Through the donation, the BC Healthy Living Alliance received \$25.2 million; the other \$4.8 million was given to 2010 LegaciesNow, a not-for-profit organization with the mission to “create sustainable legacies that will benefit all people in British Columbia as a result of hosting the 2010 Olympic and Paralympic Winter Games.” (2010 LegaciesNow [Website], n.d.) In response to the financial investment given to each non-government organization, George Abbott, the Minister of Health said:

We are building on British Columbia’s reputation as the healthiest province in Canada by providing resources to these two groups with vital community links to promote healthier lifestyles for British Columbians. The BCHLA and 2010 LegaciesNow have a depth and breadth of expertise, knowledge and

community partnerships that will help us achieve the goals of ActNow BC.
(Ministry of Health [Press Release], August 15, 2007)

The financial investment given to support the ActNow BC platform, on behalf of the provincial government, was an adequate incentive to motivate ministries and several agencies within the non-government and not-for-profit sector to capitalize on the Olympic momentum. In this sense, the host province utilized the Olympic hype as a tool to construct public policies/strategies.

Table 2. Breakdown of the financial investment made by ActNow BC

Organization	Investment	Date
British Columbia Healthy Living Alliance	\$25.2 million	March 2005
2010 LegaciesNow	\$4.8 million	March 2005
BC Ministry of Health	\$15 million/3-year period	2005 – 2008

In February 2006, the Legislative Assembly agreed that the Select Standing Committee on Health should examine and develop strategies to combat childhood obesity and physical inactivity in British Columbia. The Select Standing Committee on Health was created in 2001 with the mandate to examine health care expenditure. Evaluation from the Committee determined that a cross-government, intersectoral approach to disease prevention/health promotion in the province was needed to curtail the likelihood of financial deficiencies in the future. Within the 2006 report, the Committee noted that, with respect to physical activity in school, the provincial government should strive to do the following:

1. The Ministry of Education should collaborate with stakeholders in the education system to encourage physical activity for all students in the K-12 education system.

2. In developing programs to support increased activity levels, especially for children in middle and secondary schools, the Ministry of Education should work with physical education and nutrition specialists to encourage a comprehensive education program that provides non-competitive and universal participation—for example, via an expansion of the Action Schools! BC program. (BC Select Standing Committee, 2006)

Within the report, particular attention was given to physical and health education in the province. For example, it was clear that young people needed more opportunities to be active in school; however, the Committee felt that opportunities made possible through physical education were too sport-oriented and as such, not ideally positioned to attract greater participation. Rather than encouraging people to be active, the Committee's perception was that physical education tended to further exclude and stereotype children as either athletic or non-athletic. To this end, prior to future endorsement from the Committee, classroom instruction would need to maximize the potential of the curriculum and negate the reinforcement of a hegemonic jock/masculine culture.

On August 15, 2006, ActNow BC was given portfolio status as it was transferred from the Ministry of Health to the Ministry of Tourism, Sport and the Arts. In honour of its new status, the organization was given a separate Minister of State, the Honourable Gordon Hogg, who would be working in collaboration with the Honourable Stanley B. Hagen, Minister of Tourism, Sport and Arts. In Canadian government, a portfolio outlines the responsibilities of a cabinet minister and encapsulates the subject matter of a government department and the related agencies for which the minister is responsible. A Minister of State is a cabinet minister appointed to assist another cabinet minister with her or his portfolio. In this case, the Minister of Tourism, Sport and the Arts was assigned to work with the Minister of State for the Olympics and ActNow BC to accomplish the given portfolio.

Between 2007 and 2008, there was an effort from all Ministries across the province to create an independent service plan that would reflect or align with the intention of the ActNow BC platform. The Ministry of Education, for example, contributed to fulfillment of ActNow BC's platform through the inception of several school policies and strategies. Two such strategies were the September 2007 provincial legislation that was passed to ensure that every school in the province (private or public) would become smoke-free, and the introduction of a dietetic guideline, effective September 2008, to eliminate the sale of certain unhealthy foods in schools.

The relationship between ActNow BC and DPA

On September 4, 2007 Shirley Bond, the Minister of Education, made the announcement that effective September 2008, Daily Physical Activity (DPA) would be a requirement of every grade level in the province of British Columbia. During the 2007/08 school year, the program was optional, and not mandatory for graduation at the secondary school level, and the official guideline for implementation was not in fact given to each school district until June 2008 (K. Hayley, personal communication, Monday June 15, 2009). Since the 2008/09 academic year, however, DPA has been a mandatory graduation requirement at the secondary school level. In support of DPA, Action Schools! BC created support material specific to the requirement, and also conducted several workshops to inform education professionals of potential classroom activities that would help them fulfill the mandate. While this material was made available at the elementary school level, it was not distributed to secondary schools. ActNow BC, however, created guidelines and strategies applicable to the secondary school level, both to promote its own brand and to support the schools—support that the Ministry of Education did not refuse. In a press release, the Ministry of Education note the contribution made by ActNow BC:

The ActNow BC website will help schools, students and parents understand some of the healthy options currently available to them. This website will also capture the best ideas from schools on activity programs, as well as questions and comments from the public. Over the next year, the ActNow BC website will be further developed to meet the needs of the new physical activity initiative in schools. (Ministry of Education, British Columbia, 2007, ¶8)

I would like to note here that ActNow BC does not share an affiliation/partnership with Physical Education British Columbia (PE-BC), a provincial specialist association of BC Teachers' Federation. Rather than education or health, the expertise of ActNow BC is within the realm of business administration and management. This is a crucial point to make in that classroom support (e.g., equipment, activities, etcetera) for school health policies is often made possible through the Physical and Health Education profession: the Ontario Physical and Health Education Association (OPHEA), for example, oversees the development of resource and support material for the province; and, in the case of Alberta, Ever Active Schools (previously known as Schools Come Alive) is responsible for the development of these policies' implementation support material. Ever Active Schools has also been an affiliate of the provincial Health and Physical Education Council, a specialist association in the province, since 1989. These agencies (OPHEA and Ever Active Schools) partner with the physical and health education profession in an effort to create the most valuable opportunities for young people to be active in school. Both the agencies and affiliated professionals have a background in education as well as the science and art of movement (i.e., kinesiology, human kinetics, etcetera); and strive to combine their knowledge—as well as their passion for their work—to create material that will honour a holistic approach to health.

In September 2008, once DPA was an official requirement to graduate, both LearnNow BC and ActNow BC launched their own version of Web-based electronic technologies for the

use of young people across the province. Each system was designed to serve the same purpose: to monitor participation in physical activities. LearnNow BC is the Website for information about distributed learning in British Columbia,⁵ and its mission is to provide equitable access to education and provide choices for students who have restricted options, such as those in rural communities. LearnNowBC is supported financially by The Virtual School Society (VSS), which is an independent, non-profit organization (founded in 2006) that receives funding from the Ministry of Education. The creation of this online database, in addition to a requirement that will force a student to record participation (whether authentic or not) in physical activities, will make ActNow BC appear to be successful in their attempt to “increase the proportion of the BC population (aged 12+ years) that is physically active or moderately active during leisure time” (Ministry of Health, News Release, March 23, 2006). Nevertheless, there is no attempt to further evaluate the impact of either the organization or the requirement on actual student participation in physical activities.

(Un)Sustainable legacies? The future of ActNow BC

In 2008, the provincial government announced the creation of the Ministry of Healthy Living and Sport. This Ministry was created to oversee the ActNow BC initiative as well as the province’s public health agenda. As such, there was a Minister of Healthy Living and Sport, the Honourable Mary Polak, as well as a Minister of State for the Olympics and ActNow BC, a post held by the Honourable Mary McNeil. At this writing, ActNow BC remains the responsibility of

⁵ Distributed Learning is education that takes place at a distance from the teacher, whether the student is at home or connected from other educational facilities (LearnNow BC [Website], 2010).

the Ministry of Healthy Living and Sport. In a statement made on February 10, 2010, the Minister McNeil said:

We have met our ActNow BC target with the lowest smoking rate in Canada. We have also had the lowest obesity rate in Canada for over a decade and we have the highest physical activity rates for people 12 years and older. Seventy-one per cent of pregnant woman last year received coaching about alcohol consumption during pregnancy, exceeding our goal of reaching 50 per cent by 2010. (Ministry of Healthy Living and Sport, British Columbia, 2010, ¶4)

She later listed her responsibilities for the 2010/11 budgetary year. Within her responsibilities was the need to “Lead the implementation of an ActNow BC Five-Year Sustainability Action Plan.” (Service Plan, 2010) The Minister’s statement – complete with future responsibilities – was made public in the Ministry of Healthy Living and Sport Service Plan for 2010/11 to 2012/13, which was released in March 2010 (see http://www.gov.bc.ca/hls_stateminister/). On June 11, 2010, Minister McNeil was appointed Minister of Citizen Services, as her former position of Minister of State for the Olympics and ActNow BC was no longer in existence. At present, ActNow BC still falls under the responsibility of the Ministry of Healthy Living and Sport; however, there is no longer a separate minister assigned to it.

The future of ActNow BC is indeterminate. The time frame between 2010/11 and 2012/13 has been called a transition period for the organization, and there is sparse information available that suggests otherwise. There has been some speculation that its future focus will cater to the interests of young people and participation in physical activities; it has also been said that its future approach to action will place a strong emphasis on communities and neighborhood engagement strategies (ActNow BC employee, personal communication, August 19, 2010). Given its previous focus on 2010 and the prevalent Olympic concerns, ActNow BC will need to create a new platform to guide future action. Whatever the hypothetical predictions for the

future of ActNow BC may be, the release of the next provincial budget should offer insight to the fate of the organization and its future role within the education profession.

Table 3. Timeline: The quest to leverage the Olympic movement

Date	Event
1998	Vancouver is chosen as the next Canadian Bid City
June 2000	2010 LegaciesNow is created for the province of British Columbia
2003/2004	Action Schools! BC pilot project is developed with financial support from 2010 LegaciesNow
Feb 2003	Creation of British Columbia Healthy Living Alliance (BCHLA)
July 2003	Vancouver and Whistler win the 2010 Olympic bid
Feb 2005	Announcement of the Five Great Goals for the Golden Decade
Mar 2005	ActNow BC launched for the province of British Columbia
Aug 2006	ActNow BC is transferred to the Ministry of Tourism, Sport and the Arts
Nov 2006	Select Standing Committee on Health releases report with strategies to combat childhood obesity and physical inactivity in British Columbia
2007/2008	Effort from all provincial Ministries to align service plan with the ActNow BC platform
Sept 2007	Announcement for Daily Physical Activity (DPA) by Minister of Education
June 2008	Final guideline for Daily Physical Activity is released by the Ministry of Education
Sept 2008	Daily Physical Activity is mandatory across the province
June 2008	ActNow BC transferred to the Ministry of Healthy Living and Sport
Sept 2008	Both LearnNow BC and ActNow BC launch Web-based electronic technologies for young people to track physical activities
June 2010	Mary McNeil, the former Minister of State for the Olympics and ActNow BC, appointed Minister of Citizen Services. Her former position is left vacant.
Present	At present, ActNow BC is still under the Ministry of Healthy Living and Sport; however, it does not maintain a separate Minister (as it did in the past).

CHAPTER 3: REVIEW OF RELEVANT LITERATURE

Health policies beyond health care: A historical review

In 1974, Canada's former National Health and Welfare Minister, Marc Lalonde, wrote an instrumental report entitled, "A New Perspective on the Health of Canadians" which defined health as a concretion of human biology, health care, environment and lifestyle (Lalonde, 1974). The impact of the Lalonde Report challenged the traditional biological views on health, and consequently endorsed the need for a social and environmental approach (Bercovitz, 1998; Bercovitz, 2000; Coburn et al., 2003).⁶ The report gained international recognition at the First International Conference on Health Promotion in 1986; the conference, which was hosted in Canada, supported the report and presented alternative approaches to the existing biomedical approach to health (World Health Organization, 1986). As Vertinsky noted (1985):

The promotion and maintenance of health has become a fertile field for a new type of health related professional who is rapidly turning health promotion into a subclinical domain requiring specialized preparation and the development of a whole new set of operational concepts and regulations. (p. 72)

This impetus to move beyond the medical sphere led to the promotion of public health policies and to increased attention from both government agencies and academia in relation to health promotion. An additional side effect to this new interest was a growing tendency for research to focus on the individual. Robert Evans and Greg Stoddart (cited in Coburn, et al., 2003), from the Canadian Institute for Advanced Research (CIAR), built a framework from the Lalonde Report to evaluate the socio-cultural context with respect to health promotion and

⁶ Contrary to the overwhelming impact of the "think piece", the Lalonde Report was initially dismissed by Parliament and received little attention in the media (MacKay, 2000).

disease prevention—a framework that would further demonstrate the need to consider health as more than the mere absence of disease. As a result of these changing perceptions, human biology, environment and lifestyle came to be a focus of discussion for those in the health promotion field; ultimately, this visible shift in priorities caused health issues to gain prominence in the agendas of local governments, from the initial release of the Report up to the new millennium. Canada in particular underwent a nationwide reduction in hospital support (Tully & Saint-Pierre, 1997) and more specifically, made reductions to the acute care budget maintained by provincial and territorial government. A deep recession in the general economic condition in 1982 accentuated the trend to reduce curative health expenditure and reinvest in preventative health care (Evans, 1983). For example, despite the provincial/territorial struggle to maintain medical facilities/supplies, the federal government launched ParticipACTION, a social marketing campaign dedicated to increasing physical activity and sport participation in Canada (Costas-Bradstreet & Edwards, 2004). The effort made by this specific government organization to capitalize on the education profession is of particular relevance to this research project, as it will highlight the inclusion of strategies beyond the formal curriculum to address health in schools.

The school environment is an ideal platform for social intervention as many children, regardless of demographic, spend a large portion of their time there (Mitchell, Price & Cass, 2005). In relation to health, a school (through formal and informal instruction) can shape the behaviour, attitude and awareness needed to maintain good health across a lifetime (McCall, 2003). In an effort to mobilize the Canadian nation to lead a more active lifestyle, ParticipACTION piloted a number of school-based health strategies between its inception and the year 2000, before much of the federal aid began to wane and it had to close its doors in 2001. One project in Ontario, entitled Project Apex, was introduced in 1987 with financial support from the provincial Milk Marketing Board; its success was reliant upon a classroom teacher

incorporating the Project's activities into the regular school day. The program promoted healthy living through an emphasis on proper nutrition (i.e., regular dairy consumption) and physical activity (Costas-Bradstreet & Edwards, 2004). According to Bob Duck, a former ParticipACTION staff member,

Projects like APEX and other collaborative activities with CAHPERD (Canadian Association for Health, Physical Education, Recreation and Dance) and CIRA (Canadian Intramural Recreation Association), allowed ParticipACTION to bring educational systems from different provinces together to work toward some common goals, without competing or stepping on each other's toes. (Costas-Bradstreet & Edwards, 2004, p. 27)

The intention of Project Apex, to collaborate school health strategies across the country, did not forefront the existent physical and health education provincial/territorial curricula and rather, sought to tackle health via a school-based marketing campaign. This was a reflection of the approach to school health at that time: it met the popular demand to address health through a comprehensive approach that would also serve as a launching pad for further business and marketing opportunities in school. A comprehensive approach to health in school requires the cooperation between communities, the education profession as well as public and nonpublic (i.e., private and non-profit) entities to heighten health awareness in school. One example of government-education cooperation was the 1988, national conference sponsored by Health Canada, which led to the development of a national consensus statement of comprehensive school health (Canadian Association for School Health, 1991).⁷ Outside of Canada, the World Health Organization (WHO) further endorsed this movement: in 1995, guided by the Ottawa Charter for Health Promotion, the WHO announced its Global School Health Initiative to

⁷ The province of British Columbia adopted this comprehensive approach to health through the initial call to target human and social development through school policies. Human and social development policies were said to "develop an understanding of the importance of physical health and well being" (Statement of Education Policy Order, Minister of Education, September 1989). This political direction would lead to the re-evaluation of the existent graduation plan for the province as well as the launch of the BC Healthy Schools Initiative.

strengthen and mobilize health promotion and education activities within the school environment through instruction, resource material, social support and facilities (WHO, n.d.).

This push to target health in school opened the gates to the flood of school-based health strategies; and yet, simultaneously, these strategies coincided with the decline of quality physical and health education instruction (Robinson & Melnychuk, 2008). In response to such criticism, Physical and Health Education Canada (formerly the Canadian Association for Health, Physical Education, Recreation and Dance, CAHPERD) has become quite the advocate for Quality Daily Physical Education (QDPE). This organization in particular helped to corroborate the work done to problematize the lack of support – both financial and human – for physical and health education in Canada (see www.phecanada.ca/advocacy.ca/). Unlike school-based health strategies that mandate action, a quality physical and health education program strives to educate youth on the necessary knowledge to access, understand and question health information (CAHPERD, 2006b). In the most recent report from Physical and Health Education Canada has shown that:

Despite the wide range of support from various sectors and the research evidence behind the importance of quality physical education programs, Canada is not meeting the fundamental rights of children and youth in our schools. (Mandigo, 2010)

The need to address health in school, especially at the secondary level, is still approached through the development of provincial policies rather than the development of formal curricula. In England, for example, central government has sought joint action to develop mandatory policies that affect the entire school environment and, in particular, to target physical activity and dietary behaviour (Rich & Evans, 2005). These policies often depend upon technologies of surveillance, and support from agencies (both government and not) as well as support from school staff to change/maintain appropriate health behaviour (Wright, Rail, MacDonald,

MacNeill & Evans, 2006). In Holyoke, Massachusetts, an attempt is underway to mandate team sport participation in place of physical and health education (DeForge, 2008). The misconception that sport can replace curriculum (or act as a substitution) reinforces the inferior status of physical education within an academic domain. Research from across the globe reveals evidence of the need to further augment (and even replace) the physical and health education curriculum via health promotional policies: this phenomenon is not unique to British Columbia or Canada.

In the case of British Columbia, in the phenomenon I describe fully in the previous chapter, there was an effort, on behalf of the provincial government, to leverage the 2010 Olympic/Paralympic movement. The onus upon the British Columbian government to stage a mega-event created a rather unique opportunity in the province for the inception of Daily Physical Activity (DPA). Somewhat counterproductively, the introduction of DPA in British Columbia was done with minimal input or contribution from the physical and health education profession. While there was some technical support from ActNowBC (a provincial health campaign) with respect to the implementation of the mandate (See Table 4), this effort was more of an opportunistic attempt at politicking and image building, as opposed to actual problem solving.

To rationalize this enormous financial and human investment, the provincial government bolstered the prevalent obesity discourse. Obesity is said to afflict Canada and countries throughout the world in catastrophic proportions (World Health Organization, 2000), and research on the epidemic in Canada (see Tremblay & Willms, 2001; Katzmarzyk, 2002) and elsewhere (see Janssen et al., 2005) continues to add to this constructed perception of obesity as an epidemic or disease. This rhetoric is therefore well positioned to rationalize and legitimize public health strategies, particularly those that target youth, through the vehicles of popular

media (Burrows & Wright, 2004), new technologies (e.g., the Internet: see Miah & Rich, 2008), and school-based intervention (Gallagher & Fusco, 2006; Vertinsky, 2004).

The incorporation of school health policies does indeed reflect a notable difference to the health field landscape. To conclude this section, I want to be explicit in the description of this change as I believe it helped shape the perspective I maintain with respect to the research. First, as I suggest above, the discussion of health is not a topic for the medical profession alone and while I do not suggest that this is a new phenomenon, I do believe that now—more than ever—there is a heightened responsibility upon communities and their residents to monitor and protect their own state of health. In this regard, the relentless display of health (mis)information propagated in schools and in the media can often impart the impression that sickness can “sometimes imply a moral transgression, rather than a biological dysfunction” (Rich & Miah, 2009, p.164); which is to say, that poor health is a reflection of poor character. This point leads to the second change which is that the message coming across through these public channels is that health (or the freedom of disease) is more or less a personal choice. This perception is particularly evident in the dominant obesity discourse which presents the phenomenon as an ‘epidemic,’ that could potentially afflict anyone at anytime. Saguy and Almeling (2008) found that media coverage of these proportions contributes to the construction of obesity as an ‘epidemic’ (especially in relation to youth) and reinforces the superficial connection between health and physical appearance. The research presented in the next section will illuminate the effort within the academic field to outline the prevalence and the economic burden, of obese (and overweight) individuals in Canada: an important discussion, as it is so often employed to validate the implementation of health promotional strategies (such as those of ActNow BC) in school and within the broader community environment.

Table 4. Transition to school-based physical activity policies in Canada

Year	Event
1974	A New Perspective on the Health of Canadians (The Lalonde Report) is published
1986	First International Conference on Health Promotion (The Ottawa Charter, WHO)
1987	Project Apex is introduced by ParticipACTION
1988	Health Canada initiates national consensus statement of Comprehensive School Health
1988	CAHPERD launches Quality Daily Physical Education (QDPE)
1989	Creation of Statement of Education Policy Order: an effort to tackle human and social development in school through policies, beyond the formal curriculum
1995	WHO Global School Health Initiative is announced
2003	Vancouver/Whistler wins the bid for 2010 Olympic and Paralympic Winter Games
2005	Announcement of the Five Great Goals for the Golden Decade in British Columbia
2005	ActNow BC, the provincial health initiative, is launched in British Columbia
2006	<i>Daily Physical Activity</i> is mandated in Alberta and Ontario
2008	<i>Daily Physical Activity</i> is mandated in British Columbia
2008	ActNow BC launches the DPA Action Tracker for young people to monitor and record participation in physical activities

Obesity epidemic: Support for health promotional strategies in school

According to the World Health Organization (WHO), an individual with a body mass index (BMI) equal to or more than 25 is defined as overweight, and a person qualifies as obese if they reach a BMI of 30 or more (WHO [Website], n.d.). Within Canada, more than 50% of young people are not physically active enough to attain optimal development and 30% are

identified as overweight or obese (Katzmarzyk et al., 2008). In 2005, childhood obesity was reported to have tripled from 5% to 15% (Tremblay, Katzmarzyk & Willms, 2002). A report by Statistics Canada (2006) stated that the percentage of overweight/obese children aged two to five did not change from 1978/79 to 2004; however, the rate of overweight youth in the twelve to seventeen age group more than doubled, from 14% to 29%, while the rate of obesity tripled from 3% to 9% within the same age group (Provincial Health Officer, Kendall, 2006). The Ministry of Health Planning in British Columbia reported that 58% of its youth aged 12-19 were not active enough for optimal growth (Provincial Health Officer, Kendall, 2006). Significantly, the Canadian Fitness and Lifestyle Research Institute (2005) indicated that less than half of Canada's citizens (45%) were satisfied with the physical activity level of their children in school; this undeniable connection between health and education further endorses the need for future classroom action (Provincial Health Officer, Kendall, 2006; Naylor, Macdonald, Reed & McKay, 2006).

Young people (aged 12-17), on the other hand, report information that is quite different – even opposite – to the research above. Data from Statistics Canada (2004) indicates that nearly half the children classified as obese believe that they are in excellent or very good health. However, assessment of their physical state indicates they are at risk of cardiovascular disease, diabetes mellitus, cancer, chronic respiratory disorders, and musculoskeletal diseases such as osteoporosis and arthritis (Tremblay & Willms, 2000; Naylor, Macdonald, Reed & McKay, 2006)—a risk that will increase at a BMI of 21 or more (WHO [Website], n.d.). In British Columbia, obesity is said to contribute to more than half of the overall burden of disease and premature death in the province (Naylor, Macdonald, Warburton, Reed, & McKay, 2008). Katzmarzyk and Janssen (2003) note that 10.3% of all premature deaths across Canada are due to

physical inactivity, and state that 21,340 people could avoid death each year, given an increase to physically activity.

From an economic standpoint, the cost of obesity is also well reported. Within Canada, \$2.1 billion (2.5% of the total direct health care costs) were attributable to physical inactivity in 1999 (Katzmarzyk & Janssen, 2003). Interestingly, even a 10% reduction in the prevalence of physical inactivity has the potential to reduce direct health care expenditures by \$150 million a year (Katzmarzyk & Janssen, 2003). In 2004, the economic burden of physical inactivity was estimated at \$5.3 billion, while the economic cost associated with obesity was \$4.3 billion (Katzmarzyk et al., 2008). Within British Columbia, the cost of physical inactivity has been estimated at \$573 million per year (Provincial Health Officer, Kendall, 2003; 2006). This economic spin on health research can lend to public anxieties and help to rationalize the design and implement of policies that combat the threat. The announcement of the DPA came with a \$3.8 million dollar stipend offered by the provincial government. The funding was divided amongst Action Schools! BC (\$1.5 million), the purchasing of physical activity equipment (\$1.3 million), the provincial network of Healthy Schools (\$950,000) and BC School Sports (\$50,000) (Province of British Columbia, Ministry of Education, 2008).

The prevalence and cost of childhood obesity in Canada may help to validate the incorporation of school-based health strategies, but careful evaluation of these strategies is still crucial. In 2007, a summary report from the International Conference on Physical Activity and Obesity in Children in Toronto, Canada noted the lack of evaluation of school health policies (Katzmarzyk et al., 2008). Since the conference, the University of Waterloo, in conjunction with the Canadian Cancer Society, has made a questionnaire to collect data from youth with respect to tobacco use, nutrition and physical activity. The self-reported quantitative data from the questionnaire can help generate a school profile to later inform school health intervention

(Leatherdale, Manske, Wong & Cameron, 2007). The development of the questionnaire, in addition to the rest of the research cited in this section, is important to reflect upon as it does illustrate the prevalence and economic impact of a complex problem. I do not intend to devalue this enormous research effort but rather create space for those within the field (and in particular an adolescent crowd) to offer more to the evaluation of health than a mere number. Within the next section I will describe the evaluation of childhood and adolescent health and argue for the further collection of qualitative data.

Student voice: The inclusion of youth in the policy process

Literature to examine the health status of a population is extensive. The work I cite in the previous section is relevant to children within a Canadian context. From the review of this literature, it is evident that there is reliance upon quantitative data to inform (school) health intervention, much of this will demonstrate the threat and prevalence of obese (and/or overweight children) and discuss the problem in relation to inactive behaviour (Vander Schee, 2009). As I illustrate in the previous section, the research is dependent upon quantitative data to further cement the existence of the societal problem. In relation to data collection, for example, the body mass index (BMI) is a popular tool of measurement in Canada (Tremblay & Willms, 2001; Tremblay, Katzmarzyk & Willms, 2002; Sisson & Katzmarzyk, 2008). Other technologies of measurement include bio-electrical impedance analysis (Flouris, Canham, Faught & Klentrou, 2007), waist circumference (Katzmarzyk, 2004) and the most recent addition, neck circumference (Nafiu et al., 2010). In order to measure participation in physical activities, children can be summoned to wear a pedometer (see for example Naylor, Macdonald, Warburton, Reed & McKay, 2008). The continual effort to collect quantitative data will help to determine the (somewhat) generalizable health status – or to be more specific, the (in)active

pattern and corporeal form – of children in Canada; nevertheless, this research will also act to reinforce the notion that health is calculable. For example, an individual could presume that an ideal health status is obtainable via the mere commitment to an energy input/output equation. This will allocate an individual to a particular number/rank/score in relation to personal health, but does not invite people to participate as an active member in the research process—the same process that will define bodies and use this definition to fashion both the normal and ideal shape/weight as well as prescribe the action needed to achieve this form.

There has been some effort, however, to collect qualitative data from youth with respect to their experiences with school health strategies outside the formal curriculum. For example, Naylor, Zebedee, MacDonald, Reed & MacKay (2006) note their collection of interview data from children (aged 8-11) in British Columbia during the final stage of one project; the data, itself, however, was not referenced in their research. Sykes and McPhail (2008) and Flintoff and Scraton (2001) reported qualitative interview data from children, in comparison to an adult sample, with respect to their memories of physical education in school. Each report dealt with the reaction of people to formal curricula and did not evaluate the impact of policies which dictate health behaviour outside the school environment. Future research must aim to balance the uneven involvement of student voice; otherwise, as noted by Amsden and VanWynsberghe (2005):

The result of their exclusion is the creation of community programmes and services that either treat young people as problems that need to be solved or simply fail to reflect their realities. (p. 358)

To this end, this thesis will mimic the evaluative work done on a school health campaign in New Zealand (Wright & Burrows, 2004) as well as the more recent literature from Rail (2009) and Beausoleil (2009) to illustrate the discursive construction of health and fitness within a Canadian elementary school context. In the above work, there is a clear demonstration of the harmful

potential for the dominant obesity ‘epidemic’ discourse to promote a student’s particular approach to exercise, nutrition, energy balance/expenditure and appearance at the primary and middle school level. In both of the Canadian research cases noted here, a group of school-aged children were asked to comment on their perception of health and their approach to certain health-relevant behaviours. The focus of the research was to determine the discursive construction of health in response to the recent obesogenic threat.

In each case, Rail (2009) and Beausoleil (2009) found that children in elementary school tended to conflate health, fitness and beauty, and would strive to avoid being fat, overweight or obese. The children demonstrated the need to commit to their bodies (i.e., through regular diet and exercise) and at the same time, challenged this individualistic notion and emphasized the importance of the wider social context. For example, in one particular case, two children were discussing the food available in the cafeteria, and the need to replace the existing menu with a healthier one. In this scenario, while there is a belief that the individual should select healthier food, there is also an assumption that the school should provide that option. The work of Rail (2009) and Beausoleil (2009) made me further question the implementation of a school requirement that would mandate individual health behaviour outside of the school environment.

The inclusion of student voice will counter the standard methodological approach adopted with regard to school-based reform and demonstrate the importance of qualitative data in/to the evaluation process. The intention here is to trace the unofficial stories of the intervention and address the lack of student voice in the literature:

While a governmental analysis allows the workings of power to be discerned, what remains to be understood is how these governmental efforts are actually taken up by children in all of their diversity, an area of research that currently is yet to be cultivated. (McDermott 2007, p. 318)

This was a deliberate focus of this research endeavor as I believe in the contribution an adolescent population can make to the development and implementation of school reform. For those responsible for the development of school-based health policies, the feedback from a student population is an invaluable source of information. As argued by Bercovitz (2000), similar to the arguments made by Vertinsky (1985), White, Young & Gillett (1995), and Vander Schee (2009), the notion of health or the behaviour that we consider to be appropriate health practice is often one presented by those in a position of power. Checkoway and Richards-Schuster (2003) maintain that youth participation in community evaluation research can develop knowledge for social change and break the domination on knowledge development to privilege everyday experience and active citizenship—as oppose to technical and expert knowledge. Further to this, research to promote the involvement of an adolescent crowd will expose this population to the strategies needed to create social change and participate in democratic process: a political right asserted by the United Nations Convention on the Rights of the Child (Ansley & Gaventa, 1997).

Within this chapter I have provided a brief historical overview of the processes which led to the existent health promotional existent in school—specific to a Canadian context. This was done to offer a broader perspective of the need to situate health in school. Next, I examined the existent research to support school-based health policies. This was done to call attention to the reliance upon a biomedical or scientific model to describe a societal issue. I would like to note here that childhood health is a massive research realm, and while there is extensive literature to document school intervention (for lack of a better term), there was a specific effort to discuss data that was most relevant to a Canadian and in particular, British Columbian, context. This section led into a discussion of the uneven representation of qualitative data within this literature. This discussion was meant to illuminate the need to create space for adolescent involvement and

future opportunities to hear student voice. To close, the chapter helped to circumscribe this present research endeavor in which I aim to augment the work done to calculate the health status of a particular population as I believe the existent literature does help characterize and define the situation, it can also fuel public anxieties and do little to correct a complex health problem.

CHAPTER 4: DATA COLLECTION AND ANALYSIS

In order to examine DPA in practice, I decided to approach my data collection through a case study methodology. A case study can be generally defined as the interplay between an event, community, or concept of interest and the chosen unit of analysis (VanWynsberghe & Khan, 2007) and will require that the researcher remain flexible to both the chosen environment and participant sample. This approach to data collection does not attempt to impose on the space of observation (Ramanathan, Allison, Faulkner & Dwyer, 2008) and as such, proved to complement the organic assessment of DPA in process/practice. Extensive interaction with this student population enabled me to:

Situating participants' accounts firmly in the context of their production in the dynamic interaction with the researcher and sometimes classmates too, as well as the social and material contextual circumstances of their lives that shape their understandings. (David, Edwards & Alldred, 2001, p. 353)

Due to rather non-invasive properties, case studies are popular within educational studies that focus on the classroom or school environment (see for example Fenton, Frisby & Luke, 1999; Amsden & VanWynsberghe, 2005). The careful evaluation of provincial documentation as well as interview data from a senior student population, provide the data for this case and allow this research to communicate the official and unofficial stories of DPA—the graduation requirement to mandate regular participation in physical activities.

To settle for the official and miss the unofficial, lived story does not measure up as policy analysis. Any analysis that misses the field-level impact and that omits the voices and perceptions of those being impacted, we believe is not respectful of the people in schools. Nor is it complete enough to inform those charged with making policy and those who seek to influence them. (McNeil & Coppola, 2006, p. 698)

To fulfill this call and garner different (often oppositional yet valuable) stories, data collection relied upon the review of (i) relevant provincial documentation from the Ministry of Education and ActNow BC as well as (ii) semi-structured interview data from fourteen young people at Terry Fox Secondary School, a school within the Greater Vancouver Area. Each method reflected a particular research objective, as outlined in the table below (see Table 5). This chapter will explore the relationship between each research objective and the correspondent method. The organization of this chapter will chronicle the research process in a rather linear fashion. I would like to note however that the data collection for this research followed a much more complex pattern—one that would promote movement between the collection, description and interpretation of both document and interview data.

Table 5. Outline of research objectives, questions and methods

Objective	Initial Question	Method	Final Question
Determine the purpose of DPA as offered by the provincial government in British Columbia.	What is the purpose of the DPA policy according to the provincial government and specifically, the Ministry of Education in British Columbia?	Document Analysis (i.e., DPA policy memorandum created by the Ministry of Education in British Columbia)	What is the prime motive behind the development and implementation of school-based health policies, and in particular DPA, within the context of British Columbia?
Evaluate the implementation of DPA at TFSS in Coquitlam (School District 43).	How is the policy implemented (i.e., enforced, monitored and supported) by TFSS staff and student body?	Semi-structured interview with young people in grade 12 at Terry Fox Secondary School.	How are these policies, and in particular the graduation requirement to be more active, brought to life in one high school within the Greater Vancouver Area?

Objective	Initial Question	Method	Final Question
Examine the effect of the policy on students' perceptions, and on their levels of physical activity.	How does DPA impact students' perceptions and levels of physical activity?	Semi-structured interview with young people in grade 12 at Terry Fox Secondary School.	How are these policies, and in particular the graduation requirement to be more active, brought to life in one high school within the Greater Vancouver Area?
Relate the reaction of the student body to the purpose driving the policy.	How does the perspective of students relate to the intended goal of the provincial government for the policy?	Contrast and compare data from each source (i.e., document analysis and semi-structured interview)	How does the presence of these policies influence the health behaviour (perception and practice) reported on behalf of the senior high school student population?

Sample and rationale: Document analysis

Lincoln and Guba (1985) described a document as any recorded material not created by an inquirer in response to a specific research question. All documentation for this project was available online via the Ministry of Education (see <http://www.gov.bc.ca/bced/>) and/or ActNow BC Website (see <http://www.actnowbc.ca/>). The Ministry of Education Website provided information in relation to the rationale and requirement for DPA. I found that my initial inclination to highlight only the documentation from the Ministry of Education did not account for the broader political agenda at the time (that is, the effort to leverage the Olympic bid by newly established quasi-governmental agencies). In response to this, I felt that it was important to consider relevant material from ActNow BC, a provincial government health campaign, under the Ministry of Healthy Living and Sport that would prove to support school-based health

strategies through the development of resource material. The analysis of relevant documentation would include every document in the subsequent table (see Table 6).

The focus of my analysis on provincial government documentation allowed me to better grasp the intention of policies from the perspective of those responsible for their development. Furthermore, data from the document analysis revealed the official or intentional story (McNeil & Coppola, 2006) and aided in the development of an applicable yet flexible interview guide. Ultimately, however, the information obtained with this technique highlighted the key contrasts between the official story (told by the province) and the unofficial stories told by youth in school.

Table 6. Collection of provincial documentation

<p>Material from the Ministry of Education Website:</p> <ul style="list-style-type: none"> a) The Need for Daily Physical Activities in Schools (http://www.bced.gov.bc.ca/dpa/dpa_need.htm) b) The Requirement (http://www.bced.gov.bc.ca/dpa/dpa_requirement.htm) c) Program Guide for Daily Physical Activity Kindergarten to Grade 12 (http://www.bced.gov.bc.ca/dpa/pdfs/program_guide.pdf) d) Daily Physical Activity Planning and Resource Guide, Kindergarten to Grade 12 (http://www.bced.gov.bc.ca/dpa/pdfs/planning_and_resource_guide.pdf) e) DPA Tracking Tools (http://www.bced.gov.bc.ca/dpa/resources.htm) f) Grade 10 – 12, Daily Physical Activity for Families Booklet (http://www.bced.gov.bc.ca/dpa/pdfs/dpa_family_booklets/english_dpa_10-12.pdf) g) Questions and Answers (http://www.bced.gov.bc.ca/dpa/faq.htm)
<p>Material from the ActNow BC Website:</p> <ul style="list-style-type: none"> a) Healthy Schools (http://www.actnowbc.ca/healthy_living_tip_sheets/healthy_schools/) b) ActNow BC for Students (http://www.actnowbc.ca/EN/actnow_bc_for_students/actnow_bc_for_students/) c) ActNow BC Daily Physical Activity Action Tracker (http://www.actnowbc.ca/action_tracker/welcome)

Sample and rationale: Interview data

A group of 14 students, enrolled in their final/senior year at Terry Fox Secondary School, provided interview data for this project. Participation in the study was dependent upon a volunteer sample. The students were given compensation (a gift card to the closest coffee shop) for their participation; however, this compensation was not made known to the participant until the end of the interview. As such, motivation to participate in the study did not reflect the desire to obtain a particular prize or gift. I was also cautious to accommodate the schedule of each participant, as I did not want to inconvenience a student nor did I want someone to participate in the study just so that s/he could miss class. Therefore, every interview took place at the high school in the main foyer, library or conference office either during the school day or immediately after.

Of the 14 students in this study, 10 were independently interviewed. Two students brought a friend to the interview—this was actually my suggestion, as I thought it would help to boost participation and allow people to feel more at ease. In an isolated case, one group of three participants proposed completing an interview at the same time. At first, I was hesitant about this proposal; however, from the outset of the interview it became evident that the group felt comfortable enough to both challenge and encourage each other in discussion, and to remain respectful of one another. My concern with this approach is that it may not have permitted everyone in the group a fair chance to share; despite my efforts to honour the voice of each participant, some people in the group were more vocal and proved (for the most part) to dominate the discussion.

Initially, I contacted students from the T-Foxblog administrative team for an interview because I was curious to learn about the creation of the online blog. Access to the administrative

team was facilitated by the blog creator, Justin Arsenault.⁸ Via Facebook message communication, Justin enthusiastically agreed to participate in and actively support this study and, with his assistance, I was able to have an individual within the school help me promote the project. Justin also used the online blog to raise awareness for the project as well as to share my contact/e-mail information with potential participants (see <http://www.facebook.com/group.php?gid=29014204316>).

During my time at the school, I gradually developed a rapport with both the school staff and the student body. At first, it was rare that anyone in the school would acknowledge me, aside from the curious glances that people typically direct at a stranger who enters their midst; however, through continual exposure to the school environment (once a week from September 8 to December 18, 2009), I became more comfortable and it was obvious that others became more comfortable with me. After my third visit to the school, young people were eager to approach me in the hallway to ask me about the project. I also became rather close with two staff members: a school secretary and a guidance counselor; the secretary helped me advertise my project in the school newsletter, and the guidance counselor gave me a timetable with the room number and location of every grade twelve class so that I could make a brief announcement about my study. He also circulated information about the study (and my contact information) in an e-mail to the Student Council. I thought that my interaction with the school staff would be minimal, but this was simply not the case; the success of my student recruitment was heavily dependent upon the support of school staff—a lesson I will not forget in future work. The entire process (from recruitment to the interview data management phase) followed the procedure outlined by the Behavioural Research Ethics Board at the University of British Columbia (see

⁸ All the young people in this study were allowed to create a pseudonym, should she/he desire. The pseudonym chosen by each student was in use throughout the entire course of the project (i.e., transcript summaries and a PowerPoint presentation to school staff), including the text of this thesis document.

Appendix 1) as well as the protocol stipulated by School District 43, Coquitlam, British Columbia (see Appendix 2).

Each interview was organized via e-mail correspondence. If a student expressed an interest in the study (either in person or via e-mail) I would e-mail the individual with an information package containing copies of (i) the Research Protocol (see Appendix 3); (ii) the Letter of Assent (see Appendix 4); and (iii), the Letter of Consent (see Appendix 5). The Research Protocol informed the potential participant about the study (e.g., background information, commitment requirement, etc.); the Letter of Assent asked the student to authorize her/his participation in the study; and the Letter of Consent requested that a parent or guardian to give the student permission to participate.

At this juncture, I would also advise the student about the voluntary nature of the study. It was made clear that, should a participant wish to withdraw from the study (at any stage, and without reason), she/he could do so without any negative consequence. In addition to this point, I stressed that all the information provided for the purpose of this study would remain completely confidential throughout the entire process. Young people were also allowed to create a pseudonym to maintain anonymity.

At the beginning of each interview, a biographical data sheet was given to each participant (see Appendix 6). A summary of the information from each participant can be found within the table below (see Table 7). Despite the higher than average male population at the school, this study had an equal gender distribution. In relation to age and grade, everyone in the sample was either sixteen or seventeen and in their final year of high school. Every student indicated that, after this academic year, she/he would be leaving the school to either attend a post secondary institution or to travel or work for a year while they determined their next course of action.

Table 7. Data from participant biographical form

Characteristics of participants	n = 14
Gender	
Female	7
Male	7
Age	
17	10
16	4
Grade	
12	14
Post-secondary school plan	
University	12
College	1
Undecided	1
Place of birth	
Vancouver, BC, Canada	5
New Westminster, BC, Canada	3
Burnaby, BC, Canada	1
Coquitlam, BC, Canada	1
North Bay, ONT, Canada	1
Richmond, BC, Canada	1
Sarajevo, Bosnia	1
Seoul, South Korea	1
First Language	
English	13
Bosnian	1
T-Foxblog	
Non-Member	10
Member	4

A large portion of the sample was born in Canada (12 people), while two had come to Canada (one from Bosnia and the other from South Korea) as children. Only three people in the project said that they were, in fact, Canadian. Other cultural ethnicities mentioned by the group included: Russian; German; Scottish; Ukrainian; French; Afghan; Italian; Acadian; Korean; and

Salvadorian. While some of the young people in this project spoke more than one language, every participant was fluent in English: there are forty-three young people at the school in the English as a Second Language (ESL) program, but in spite of my attempt to appeal to every student in the grade; this study did not attract a single ESL student. As for my attempt to approach students who were active in the online discussion forum, I was able to speak with four people from the T-Foxblog; most of these students were on the blog's administrative team and posted comments to its virtual wall on a regular basis. The other students who participated in the interviews heard about the research project while in school, not online, and had little involvement (if any) with the Facebook blog.

A semi-structured interview method allowed me to follow a pre-determined interview guide, and also promoted spontaneous and flexible communication between the interviewer and interviewee (Chalip, 1995; Brymann, 2004). To maximize the potential of this method, a somewhat specific, yet flexible, interview guide was developed for use with each participant. Developed with the adolescent interviewees in mind, the interview guide was carefully worded so as to not ask anything that could elicit anxiety or embarrassment. With this construction, I felt confident that my adolescent interviewees could comfortably share their experiences concerning the policy in question and yet not feel constrained by a rigid agenda. This was extremely important to me: given that the prime intention of this research was to include student voice in the evaluation of DPA, I did not want to delegitimize any potential contribution/experience one might want to discuss, nor did I want to dictate the chosen topic of discussion. Each interview question was also a reflection of a specific research question (see Appendix 7) in order to build cohesion between each research method and tool. Upon review of my post-interview reflection journal, I believe that the interview process successfully fostered the flexible communication I sought to achieve.

Interview data was collected until categorical saturation was achieved. Corbin and Strauss (2007) suggest that category saturation is met once no new or relevant information is seen to emerge in relation to the properties (i.e., a characteristic that describes/defines a certain concept) it intends to demonstrate. This is different from theoretical saturation in that, in order to achieve theoretical saturation, all categories must be saturated to the point that there is a relationship between each category. It is important to note that throughout the work of Corbin and Strauss the term ‘theme’ is often interchangeable with ‘category.’ Their definition for categories and themes offers this explanation:

Categories: Higher-level concepts under which analysts group lower-level concepts according to shared properties. Categories are sometimes referred to as themes. They represent relevant phenomena and enable the analyst to reduce the combine data. (Corbin & Strauss, 2007, p. 159)

Similar qualitative research conducted by Flintoff and Scraton (2001) and discussed within the previous chapter, achieved theoretical saturation after 21 semi-structured interviews. Yet another qualitative research project conducted in completion of a thesis relied upon interview data from 10 young people, as well as a focus group and written questionnaire (Fenton, Frisby & Luke, 1999). I was mindful of this research but reliant upon the absence of new information—that is, information that would alter and enhance the explanation I had built. Morse, Barrett, Mayan, Olson & Spiers (2002) advise that, if the intention is to achieve theoretical saturation rather than to pre-determine a specific sample size, it is important that the researcher is able to reconfirm an emergent idea in new data and throughout the process, be able to validate any categorical development.

Throughout the data collection phase it was also important that I engage in some form of analysis to ensure that I remained open to any potential theoretical framework that might emerge and connect any relatable categories. Once I was comfortable with the level of saturation, I

conducted a more systematic examination of the data. This procedure for each data set (i.e., provincial documentation and interview data) would eventually prove to follow a similar pattern, particularly near the final stage of the research. A discussion of my approach to qualitative data analysis will follow in the next section.

At the end of every interview, the interviewee was encouraged to contact me via e-mail with any questions and/or potential clarification or contribution that s/he might like to add. I also asked if I could contact the interviewee (via e-mail) with any question that arose from my transcription and/or interpretation of the data. Everyone interviewed agreed to this and provided an e-mail address (and, in one circumstance, a phone number) on her/his respective biographical data form. To verify this agreement, I sent a confirmation e-mail once I had returned home to remind every interviewee of my contact information in case anyone thought to contact me with any issue, research-related or not. This post-interview e-mail correspondence also allowed me to verify the address of the student, so that I could ensure a copy of the interview transcript would arrive in the proper inbox.

Difficulties with data collection

Qualitative data is messy and demands the utmost flexibility from the researcher (Miles & Huberman, 1984). My approach to data collection is reflective of a social constructivist paradigm (Guba & Lincoln, 1994; Burr, 2003). In this sense, I agree with Schwandt (2001) in that people “do not find or discover knowledge so as much as construct and make it” (p. 40). As I situated myself in this paradigm through the design of this project, I chose to honour the multiple realities of young people, the reciprocal construction of knowledge between the interviewer and interviewee, and the naturalistic approach to data collection (Denzin, Lincoln & Giardina, 2006). The hermeneutical and dialectical methodological approach taken by those

within this inquiry paradigm, depend upon (and thus, highlights) interaction between and amongst the investigator and every respondent in the co-construction of knowledge. Social constructivism focuses on the social process/interaction that will lend to the production and reproduction in a given situation. This paradigmatic position, similar to any research approach, breeds its own unique set of difficulties. An overview of the complexities that I found (or rather, complexities that found me) during my placement in the field is presented in the next section.

Rather than approaching/contacting young people via the Internet, I preferred to go through the school. This being the case, I needed to obtain ethical approval from both the University of British Columbia as well as from the school board (Coquitlam, School District 43). This proved to be beneficial in that it allowed me to experience the school environment. I found that my accreditation as a teacher in Ontario was helpful in communication with school staff: the Vice-Principal, for example, did not request a criminal record check because of my affiliation with the Ontario College of Teachers. However, despite my dependence on this qualification to help build my relationships with the school staff/administration, I did not like to reference it in discussions with the student population; rather, I relied upon my own status as a student to help establish a certain level of rapport (VanWynsberghe & Khan, 2007). Rapport, which can be defined as the “understanding, trust and respect that develops between the interviewer and the interviewee” (Arksey and Knight, 1999, p. 101) would be critical to my interview processes and I felt that my position as a student would help build a relationship with the participants. It was not uncommon for students in the study to ask me about university and/or life outside of high school, and while I was happy to talk about my experience at university, I was hesitant to reveal my affiliation with the area of physical education/kinesiology, as I felt that my field of study could potentially cause some students to view me as an authority figure, or as an expert or proponent of health strategies/policies in school. I did not want such a perception to change the

type of information that the young people thought to disclose, or to diminish their own proper status as expert consultants on the topic. In order to minimize this potential pitfall, during my dialogue with them I went to considerable lengths to reinforce the need and importance of student involvement in the process. Nevertheless, I felt as though my efforts to portray the multiple identities of student, teacher and researcher lent to somewhat of an internal struggle that I did my best to suppress while in the field.

In addition to my challenges with situating myself in the field, the mandatory assent/consent form was a source of frustration, as some of the students did not want to participate in the study because of the assent/consent form requirement. In one case, a young man said he would like to participate in the study, but did not want to have his guardian sign a form; I could not agree to this and, as a result, lost the potential interview. Despite having to constantly emphasize the importance of the form requirement, I was optimistic that an adequate sample of students would agree to participate. Only one other interviewee said that, despite his signature on the written agreement, he had not read the actual assent form: he thought that the consent/assent procedure was repetitive and pointless. So many of his experiences as a student had required permission; he felt he had seen enough of this during his student career, and that he should not have to read yet another form. In his case, I went through the letter to highlight all necessary information. To address such concerns in the future, I will likely employ a similar form but will consider the possibility of using a passive consent form.

Finally, as flexible as I tried to be with the schedule of every participant, the location of the high school made it difficult for me to suddenly rearrange my other commitments to attend an interview. The high school was roughly a two-hour commute on public transit and an hour's drive by car. I am thankful to have had access to a car, courtesy of a thesis committee member, as well as the assistance of a student advocate for the study both on and offline so that much of

the recruitment could occur in my absence. Regardless of the distance involved, I still spent one day a week at the high school from September to December 2009. I would have liked to have had more time in the school to observe and just “hang out.” To recruit young people and pass time between each interview, I would often sit in the foyer (a popular place for the student body to congregate, I was told) and observe the natural school environment; any observations would be noted in my journal either while I was at the school, during my long commutes, or back at home. I found it difficult to move onward from the data collection phase, as it was a definite highlight of the project for me. Although spending more time in the field would have been enjoyable, it was not vital, as I felt I had met the goal of categorical saturation.

Data analysis

Every interview was audio-recorded to ensure the accuracy of the student voice and expression for future reference. I would transcribe this data in a Word document and e-mail a copy to the respective interviewee. In the e-mail, I would ask that the interviewee review the document and reply with feedback and approval: a process known as member checking (Anfara, Brown & Mangione, 2002). It is similar to (however, not the same as) informant feedback (Onwuegbuzie & Leech, 2007) and respondent validation (Mays & Pope, 2006) as it helped me to correct any grammatical glitches and allowed young people opportunities to explain or elaborate a previous point. Field notes were also taken immediately after the interview—and sometimes during, if it did not distract from the flow of the conversation (Mays & Pope, 2006). I updated the notes during my public commute from Coquitlam to Vancouver, or while I worked in the school foyer or guidance office. I did not strategically analyze this journal; however, I did frequently refer back to it to refresh my memory or validate an emergent idea.

In order to analyze the document and interview data, I began with the general inductive approach, which is often used in socio-cultural health research. The decision to employ an inductive approach was based on my own previous use as well as having seen it in similar research involving youth (see for example Amsden & VanWynsberghe, 2005; Johnson, 2009). Despite the popularity of this approach in the literature, and my own choice to use an inductive approach, I chose to follow the work of Thomas (2003) to guide the process. Similar to the strategies suggested by Altheide, Coyle, DeVriese and Schneider (2008) and their work on Qualitative Document Analysis, the approach of Thomas (2003) is thought to promote movement between concept development, sampling, data collection, data coding, data analysis and interpretation.⁹ This meant that I could be systematic yet flexible in my analytical approach. As noted by Mello (2002):

Of course, information, conclusions, and findings do not actually emerge on their own, like a mist rising from a lake of data bites; instead, they are part of the researcher's intuitive/cognitive perception and emanate from serious attempts to manipulate, explore, and organize sets of data. As such, the way we create meaning is both creative as well as analytical. (p. 235)

The review of both provincial documentation and interview data followed a similar procedure; one main difference, however, is that the systematic review of provincial documentation took place prior to the collection of interview data. Despite this gap in time, there was a continual attempt to relate new interview data with the information found within provincial documentation. In this sense, throughout the data collection and analysis phase of this project, there was a conscious effort to reflect upon and compare/contrast any observable theme from each data set.

⁹ Despite the fact that the data for this thesis (i.e., interview and provincial documentation) could lend to either a document or discourse analysis, I chose to follow the strategies of Altheide, Coyle, DeVriese and Schneider (2008) and as such, claim to conduct a document analysis. The delineation between discourse and document analysis was also made possible through the work of Edelman (1988), Bacchi (2000) and Weaver-Hightower (2008).

The process began with a close read of the data. All provincial documentation and interview data were copied into a Word document. Using Microsoft Word, I would highlight a section of the document and name a particular code in a comment bubble—a process Coffey and Atkinson (1996) refer to as meaning condensation. In the case of interview data, a transcript (complete with each preliminary code) would then be sent to the respective interviewee. I wanted each interviewee, if possible, to see each code so that I could foster transparency and ensure an accurate representation of every voice heard (Sipe and Ghiso, 2004). From this point, I went through each transcript and relevant document once again to create a separate Word document for any repetitive code in an effort to build a broader categorization (Coffey & Atkinson, 1996). As a consequence, categories (as shown in a separate Word document) emerged from dominant and/or significant codes inherent within each data source. The categories emergent from the data were:

1. Fabrication: The fabrication category contained any allusions the students may have made to having lied about her/his completion of the DPA requirement. This included any failure to meet the demand and/or the accurate portrayal of physical activities.
2. Definition of health: I kept track of any attempt made by a student to define health. Through the creation of this category, it became apparent that students lacked a coherent definition of health and relied (heavily) upon physical appearance to depict the health status of an individual.
3. Identity: Whenever a participant described the school culture and/or certain personalities (i.e., of the grade, peer group, individual), I cited it within the identity category.
4. Accountability: This category captured any discussion or questions from students in relation to DPA duties and responsibilities.

5. Exclusion/student absenteeism: Students were eager to discuss the development, implementation and evaluation of school health strategies. Any reference to a lack of engagement or involvement as well as any discussion of the consequence of this exclusion was filed in the exclusion/student absenteeism category.
6. Physical education/activity: The discussion of school-based health strategies would often lead into a conversation about physical and health education. This category contained any references students made about the academic subject.
7. Potential solution: Any time a student spoke about an alternative or modification to DPA, the information was recorded in the potential solution category.
8. Social engineer: The category of social engineer evolved from any mention the students made of an attempt to promote a particular health image (most often in relation to the 2010 Olympic/Paralympic hype).

Once these categories were established, the approach to my data analysis became (somewhat) more deductive (Miles & Huberman, 1994) or at least, became a different form of induction (Morse & Mitcham, 2002). This was due to the fact that I confirmed each of the above categories within a particular data source in an effort to validate any inference drawn from the data. Triangulation, which is the process of data validation through the corroboration of one or more source, helped me to circumscribe categories that were consistent across each data source. In order to determine a relationship between categories, I would often create a visual display or conceptual map to facilitate the process, as recommended by Grbich (2007). I found that as I organized categories in a visual display, any interconnection or hierarchical relationship amongst categories that emerged from the data were more easily apparent. Despite my desire to remain open to the data, I often relied upon each research question to act as a broader theme that would

encompass two or more categories. Through my efforts to connect categories to a question, it became obvious that I needed to reword each research question to better reflect the data and thus, the voice of the participants. A discussion of each new question/theme will be the focus of the subsequent chapter.

CHAPTER 5: PRESENTATION OF DATA

Throughout data collection, one common (and somewhat predictable) narrative was seen to unfold. On the surface, the student population noted a general frustration with the feeble approach to the implementation of school-based health policies; most of the frustration stemmed from the obvious disconnect between the action taken at the provincial level and the realities of the classroom. The most salient message I received from these students was that the mere development of a graduation requirement would not inspire young people to be more active. Behind this narrative, however, were stories that offered insight into the source of students' frustration and even revealed a sense of appreciation for the attempt to recognize the importance of adolescent health. Therefore, the purpose of this chapter is not to paint policies as either inherently bad or good, but rather to generate dialogue that will acknowledge the need to reflect upon and consider multiple realities in the development of future health policies.

The first theme unveiled within this chapter, entitled "Every move is a good move: Students define physical activities," will present the definition and approach to DPA from the perspective of the provincial government. This information was drawn from a collection of relevant documentation from the Ministries of Education and Healthy Living and Sport as well as ActNow BC, and will segue into the student definition of physical activities and approach(es) to DPA. The purpose is to compare and contrast the relationship—from the students' perspective and that of the provincial government—between physical activities and health. The reliance upon on and offline technologies to monitor student performance, which is the theme of the second section, "Online surveillance of physical activities and government control," will illustrate the operational deficiencies of the graduation requirement; further, it will detail the impact of these deficiencies on the value students assign to physical activities, particularly those

in fulfillment of DPA. This student population was critical of operational deficiencies of the DPA program as well as the rationale for the new emphasis on health through school policies, such as new nutritional guidelines for cafeteria food and the physical activities requirement. (For the purposes of this chapter, operational deficiencies represent the technological inadequacies observable in DPA implementation, such as glitches to the online system, and time management). The third theme, “Physical activities, sport and physical education,” will outline the manner in which the students differentiate the DPA requirement from sport and physical education. As the evidence in this section will demonstrate, while each student did differentiate between each term, there is a common trend among the group to discuss physical activities, sport and physical education with respect to their (potential) impact on personal health. Central to this narrative is the students’ notion that health is the mere achievement and maintenance of a certain corporeal shape and weight. The fourth theme, entitled “Physical appearance and health promotion strategies,” will further explore the blatant association of appearance with health to illustrate the popular notion that health is visual and dependent upon an off/online commitment to bodies. The fifth and final theme, “Alternative possibilities: Advice from students,” will illuminate student feedback to the existent DPA requirement.

Every move is a good move: Students define physical activities

The purpose of the graduation requirement of Daily Physical Activity (DPA) is to increase the level of involvement of young people in physical activities. As such, provincial documentation outlines various physical activities for students and school staff by which they can execute the requirement. DPA requires students to monitor and regulate their “physical activities [done] on a daily basis” (British Columbia Ministry of Education, 2008, p.4). From the perspective of the provincial government, acceptable DPA pursuits are classified as physical,

endurance, cardiovascular, strength, or flexibility activities. Physical activities help develop endurance, strength, and flexibility. Endurance activities “help the heart, lungs and circulatory system stay healthy and provide increased energy” (British Columbia Ministry of Education, 2008, p.6), and can be further categorized as moderate or vigorous. Whereas strength activities will “help muscles and bones stay strong, improve posture, and help to prevent diseases like osteoporosis” (British Columbia Ministry of Education, 2008, p.6). Strength activities include a combination of activities intended to exercise and ultimately strengthen each different muscle group in the upper and lower body. Finally, flexibility activities “help bodies to move easily, keeping muscles relaxed and joints mobile, and reducing risk of injury” (British Columbia Ministry of Education, 2008, p.6). In fulfillment of the DPA requirement, students must draw on these definitions and indicate the type (endurance, strength or flexibility), intensity (either moderate or vigorous) and duration of the activities they undertake. In accordance with provincial documentation, moderate activities should cause an increase in breath and/or heart rate but should still allow the individual to engage in a conversation, whereas vigorous activity will limit the ability of an individual to talk.

Endurance, strength and flexibility activities, as described by the province, correlate health with measureable qualities and emphasize the importance of corporeal function and appearance. From the description of activities within the documentation, it would appear that bodies are compartmental and each part will need careful attention and maintenance in order to achieve a desirable health status. The different types of activities are all said to contribute to a unique and distinct part of the body: for example, endurance activities improve lung performance. Bodies, from these descriptions, therefore house the intricacies of the circulation, muscular and skeletal system, and physical activities enhance the function of each system in isolation. At no point, however, is the performance of these activities tied to an immaterial

aspect of an individual; the focus is on activities that can utilize technologies to measure, monitor, and regulate physical performance. Online technologies compel young people to focus on the measureable aspect of participation, and thus negate (or ignore) the potential emotional, spiritual, intellectual and/or social impact of activities. Within the provincial documentation, there is an explicit connection between physical activities and bodies (i.e., the shape and weight of an individual): a definition which reinforces the notion that health is the mere absence of disease (Evans & Stoddart, 1994) or the achievement and/or maintenance of an ideal shape and weight.

The approach to physical activities as presented in the provincial documentation did not, however, align with the perceptions of this student population. Whereas the province emphasizes that regular participation in physical activities will prevent disease and diminish the likelihood of an overweight/obese population, the interview data revealed that the student population in this study did not agree. Rather, each student was adamant in her/his belief that a commitment to participation in regular physical activities would not influence health. Further to this, rather than accepting the province's recommendations for activity, the student sample relied upon a more expansive definition of physical activities that were inclined to be individual and autonomous. In fact, the activities that each student recorded in fulfillment of the requirement tended to be inherent to their daily life and an essential component of her/his routine: to illustrate, some students recorded their walk to and from class in completion of the requirement. Through this expansive definition, the significance of physical activities to the overall development of young bodies is debatable. This is problematic in the sense that the inclusion of these activities would neither educate nor entice behavioural change in students, thereby rendering the graduation requirement to be more active quite useless.

In contrast to the provincial documentation, this student sample did not believe that regular participation in physical activities could impact personal health. For example, Fariha, an articulate grade 12 student, and I had a discussion regarding the impact of physical activities on her overall health, during which Fariha contended:

I can fulfill this requirement but typically like it's not really going to make me any healthier. This requirement isn't really, it's not like exertion, it's like you can walk, you can dust, you can play with your little brother, you can... it's like breathing really, things that you do simply every single day. It doesn't bring you any real benefit. It's just fulfilling the minute [DPA time requirement].

(Fariha, Grade 12)

In the above quote it is apparent that, for Fariha, participation in physical activities is different from volitional exercise in that it does not dictate a certain level of exertion. This is important as each participant said exertion or an increase in energy expenditure was vital to the enhancement and maintenance of health. The connection or contribution to health is questionable, as everyday activities may not lend to fitness or a reduction in risk of chronic illness. As another student said:

I can count when I walk to the bathroom from class... or to the fridge from the couch... yeah, I count that.

(Mary, Grade 12)

Her humorous comment illuminates the type of activities that this student group recorded online in fulfillment of their daily minutes. Physical activities, as Mary suggested, would include all movement needed to perform her regular routine (e.g., walk before/after class, etc). As such, the graduation requirement would not necessitate a particular behaviour change on her part, nor improve her health. Physical activities (or those done in fulfillment of the requirement) did not necessitate exertion and thus, would not contribute to health. The potential for students to disassociate physical activities from a potential health benefit would act to delegitimize the purpose of the requirement:

You know some of the activities they have on there are, this is another problem... They talk about moderate and vigorous physical activity and they have things like playing pool on there. I kinda question if that is really physical activity.

(Justin, Grade 12)

Again, Justin was unsure of the health benefit of the activities from which he had to make his selection. He did not believe that all of the activities on the list would enhance or improve his current level of physical fitness, and thus, exposure to the online list defeated the purpose of the requirement. The relationship that each student made was direct, positive and logical: participation in physical activities would not improve fitness, which would not decrease the likelihood of disease/weight gain and thus not contribute to their health. This was understandable given the activities that some students were seen to record. Sara C., referred to an argument with a classmate in her interview to illustrate the lax approach to participation that the DPA elicited and/or reinforced. From her perspective, some of the activities that her peer group would record were unsuitable:

I would have practices and then I'd have games and then I'd, you know what I mean, all that stuff and then someone was like, "Oh, I bake cookies, that counts".

(Sara C., Grade 12)

Similar to Justin's remarks, Sara C. thought that the inclusion of certain activities would contradict the purpose of the requirement. She thought that her participation on a sport team should not be equivalent to the activities (e.g., baking cookies) that other students recorded without reprimand. With just one teacher to oversee the completion of the requirement for the entire student population, it was not surprising that students were not held accountable for the inclusion of some of the more questionable activities. Despite Sara C.'s argument with her peer, however, neither student changed their initial behaviour to meet the demand of the policy. Sara C. (like her classmate) did not join an additional team or become more active to fulfill the

requirement; she merely continued her participation on the field lacrosse team as she had in the past.

Rather than encouraging participation, the requirement was seen to frustrate this student population and even dampen their enthusiasm for participation. For example, one student said:

Being forced to write it...keep track of it and write it down, just generally be all fussy with your physical activity, kinda makes you not want to do as much because normally, if you look at it, people would do physical activity anyway, like you know, you'd go out and walk your dog, you'd do Phys-Ed, you'd workout in the gym once in a while, you know, you're walking and running through the school to get to class madly because you're 5 minutes late...Generally, you would get it done anyway. But now, uh especially with the old one where you had to do it daily, you're under a lot more pressure to keep track to write it down, and spend a lot more time worrying about, umm, writing it down, keeping track of it, than you do actually doing the physical activity itself and being forced to write it down makes you almost not want to do it.

(Matt, Grade 12)

According to the data, each student found the requirement to be more of a hindrance to participation as opposed to a motivation. As a consequence, one could suggest, as Matt did here, that the requirement would diminish the desire to participate—a popular sentiment across most of the group. Indeed, the requirement to document participation in physical activities made this student population more creative in their approach to physical activities. With such an open requirement, the student population was left to their own devices to define and partake in acceptable activities. This openness was further obvious in the motto behind ActNow BC: “Every move is a good move... That’s the message behind the Action Tracker, an interactive tool for students in Grades 10-12, created specially by the provincial government through ActNow BC” (ActNow BC, Action Tracker: Welcome, 2009). This online message was the slogan behind the ActNow BC brand and later became, via online exposure, the message youth would attach to the DPA requirement. It attained visibility throughout the province via various commercial ventures, such as the ActNow BC Website, written publications and TV

commercials, all of which strove to deliver the message that: “Every move is a good move.” School-based intervention was important since each performance measurement of the organization was focused upon children, and the chosen performance measurement to increase childhood participation in sport and physical activities was the DPA requirement. In addition to the Action Tracker, ActNow BC created merchandise branded with the ActNow BC slogan and emblem to distribute across each school district in the province. Even the first page in each district-wide student agenda (it was common practice for a child/teenager to receive one at the start of the school year) distinctly displayed the ActNow BC slogan and emblem.

Continual exposure to this slogan made it difficult to refute the expansive definition of physical activities that this student population employed to guide health behaviour and practice. It also fostered a unique approach to participation, which encouraged the uncritical (and superficial) completion of the requirement. One positive aspect to this approach to participation was its inclusivity, in that it would allow for a more flexible approach to participation that could potentially encourage those who might not otherwise participate in a formal sport environment. Nevertheless, this still does not create opportunities or instill the knowledge and motor competence needed to do so.

In the next section, I will explore the impact of online technologies. To fulfill the requirement, each student had to report activities online. The technologies involved represent the most retrievable source of health information that students encountered with respect to the requirement. I caution that, similar to the students’ exposure to the brand, these technologies have the potential to influence the importance a student attaches to regular participation in physical activities.

Online surveillance of physical activities and government control

This section will demonstrate the response from each participant with respect to the online technologies and in particular, the criticism and contradiction that this component of the requirement would receive. Discussions about the online technologies available to monitor and regulate performance revealed key information about the experience of each participant with the requirement. This student group was quick to emphasize the operational deficiencies of the online technologies and the frustration this created for them. In most cases, the online technologies were seen as a hindrance to participation and diminished any natural desire to be (more) active. Furthermore, implicit in this dialogue was the subtle lesson that young people would receive as a consequence to the continual exposure to online technologies: for example, young people tended to equate participation in physical activities with a certain socio-economic status, as most of the activities recommended online were considered to be rather expensive.

In the case of this particular high school, a Physical and Health Education specialist teacher developed an online database unique to the school and retrievable only through the school Website. It required a student password and was therefore not accessible by the public. Prior to the development of this database, the Terry Fox Secondary School student population accessed the technologies from the province. In response to this change, one student said:

They changed the system, I have no clue. I have to now go, try to find the teacher who is head of it, get him to try to explain it to me because [even though] it looks like it would be so easy, it is so complicated. Like I've never, I don't understand how to do it and like, I am not a dumb student at all. I am an intelligent person and I don't understand how to do it.

(Sarah, Grade 12)

Sarah L., an active participant in the school musical and drama club, felt that the new system was troublesome to operate. Earlier in her interview, she said that she was comfortable with the previous program but that the new database was difficult to locate online. Aside from the virtual

location, she also found that the interface was rather complex and a hassle to navigate. The rest of the group found that the new database was easier to use, although no one was specifically in favour of it. Will, for example, much preferred recording his activities once a month as opposed to recording them every day—a key difference between the two systems:

It is different, we were actually just informed of this last week but, we have to go in every month and type out like a collective total, like a rough estimate of how much exercise, which is better, I guess, it is more convenient.

(Will, Grade 12)

The technologies established by ActNow BC and LearnNow BC both required young people to record their involvement in physical activities on a daily basis, which increased traffic on the site to such an extent that the system would become slow and unstable. As a consequence, it was not uncommon for a student to have to sit and wait for the system to upload activities, only to have the program crash before the upload was completed. Some students noted that the use of online monitoring systems was counterintuitive to the provincial goal of increasing participation in physical activities: “It’s kinda taking us out of our day-to-day being outside and bringing us front of a computer, which I think, defeats the purpose” (Will, Grade 12). The development of a database, specific to one school, was able to decrease user traffic and thus, decrease time spent online. In this sense, students thought that the current program was more convenient, although somewhat less accurate, than the last. As noted by one participant:

Yeah, it’s been basically estimation which kinda takes away from their whole point which is accuracy because you know the once a month is easier to actually do but again with the remembering, you cannot possibly and no one is going to sit there and record everyday and tally it up... It’s all estimation, since you’re just estimating. You’re like, “Oh I think I did about 800 minutes of walking home and to school...” and so it takes away from accuracy. I guess they’re probably doing this to get some sorta research on our amount of physical activity but they’re not gonna get accurate research. They are not going to figure out what we’re actually doing.

(Mary, Grade 12)

With the new computer program at Terry Fox Secondary School, everyone in the school would need to complete and submit a form via an online system once a month. Each form served as written confirmation that a student met the physical activity requirement. Prior to submission, a student would detail all of their physical activities for the month, the duration/time spent on each activity (activity time must total 150-min/week, and 650-min/month) and the contact information for a potential referee or contact person. A referee/contact person (e.g., guardian, teacher, coach, facility manager, etc) could be anyone who could verify the completion of a certain physical activity. Justin, the creator of T-FoxBlog, was eager to discuss the new database and in particular, the need to include a contact person. He said:

The problem with [the activities listed by the online program] is that they are the hardest ones to document. I mean, I can, sure I can just kinda say, I walked for about an hour today or about half an hour today but now they've implemented this year to try and make up for last year with half the student population lying, is they switched to a different Website, a different thing and you have to have a contact. Who's my contact for walking home from school? Who's my contact for riding my bike to my grandparents' house instead of walking? I mean, yeah sure I can ask them to vouch for me but there's still a certain amount of trust that's involved. Or here's a good one, going to the gym is something that's actually considered moderate to vigorous physical activity. The way the system works is that we are not allowed to use paper-based, it's all on the computer so my knowledge of it so far and I haven't looked into it too much so I could be wrong but my knowledge of it so far, you write down a name and number or something to that effect and they can contact them if they want to double-check. So I guess my contact is the gym supervisor. I somehow doubt that if I am at the gym for an hour or two on Saturday that a week and half later if they call her up, do you think she is going to remember me? I highly doubt it.

(Justin, Grade 12)

It was difficult for Justin to find a contact person to support his completion of physical activities, as the activities which he thought to be appropriate were those that were inherent to his everyday routine. To have his guardian or grandparent authorize his completion would be pointless. He also had little confidence that a person would check his completion of the requirement with a

referee, which further fuelled his frustration. Will expressed a similar sentiment in relation to the online program. His issue was not with the referee so much as with the need to be accountable for his personal time outside of school.

I am pretty fit and I don't think I should tell some government official that, and not only that but what I do on my spare time should be up to me...Like if I want to, if I want to sit at home and just do nothing for a week I don't think it's their place to tell me what I should and shouldn't do.

(Will, Grade 12)

From the perspective of this student sample, a prime frustration with the requirement was that it would allow the school system to impinge on personal time and dictate behaviour after school. The requirement was thought to be distinctive from homework in that, with homework, there was still a certain level of personal discretion: a person could not do her/his homework and still graduate. In a sense, homework was optional whereas the requirement was imperative in order to graduate. Mary spoke of the requirement in relation to her experience as a part-time retail employee:

Yeah, especially since the graduation requirements have to do, they are pertaining to what you do in school because, you know, other things in our life, like our boss can fire us or promote us depending on what we do in our job, not on what we do in school...

(Mary, Grade 12)

Similar to Will's belief that school authorities should not impinge on his spare time, Mary questioned the boundaries of the school environment, indicating that she did not believe a graduation requirement should govern behaviour beyond the classroom. While some students voiced their frustration with respect to the new graduation requirement, most found it easier to lie about their completion of the requirement. The following exchange is from a small group interview with Boron, Michael and Miles. In this particular quote, Boron and Michael discuss the approach to the requirement within their school.

AD – So you go online and record the activities that you...

Boron – [interjection] Well... To be completely honest with you, everyone says... Oh, you know I did horseback riding for 150 minutes this week, or...

AD – So you make up stuff?

Boron – Of course, everyone does.

Michael – It is kind of a pain too, it's not even... [Cough]

Boron – You just look through the list and, oh you know, I did gymnastics.

(Boron and Michael, Grade 12)

As Boron and Michael suggested, the new stipulation to include a contact person did not motivate them to become physically active. Regardless of the attempt made by the new program to request validation from a contact person, students were still able to lie about their completion of the requirement. Despite some of the support for the new database, it still did not motivate this student population to be more active, nor did it change the likelihood that people would lie about their participation in activities (regardless of the referee component).

Rather than increasing their level of participation in physical activities, this student population argued for the inclusion of all activities that entailed some form of movement. The goal was not to improve health or increase participation in physical activities; rather, the challenge was to find the best method of avoidance and still graduate. It was completion of the online report (regardless of the inaccuracies) that was needed in order to graduate, not an authentic increase to or appreciation for regular participation. Through their exposure to the online component of the requirement, this student population was able to formulate (and cement) their expansive notion of physical activities.

The contradiction inherent to and the criticism of online technologies was a popular topic of conversation and would (often) act as a departure point for a student to describe the difference between the requirement, sport and physical education. A desire to separate each concept from one another would often cause a student to relate a concept – sport, physical activities or physical education – to an unspoken notion of health. Through this distinction, it became apparent that health, to this student population, was the overt commitment to bodies (shape and weight). In an

effort to achieve/maintain a desirable health status (read: corporeal form/figure) an individual would need to succumb to an often prescriptive practice. The next section will further explore the difference between physical activities, sport and physical education as well as the notion of health that underpins this differentiation.

Physical activities, sport and physical education

In the interviews, participants would often differentiate between participation in physical activities, sport and physical education and discuss the potential for each to contribute to health in a unique manner. For example, it was felt that sport would help attain a certain aesthetic and contribute to the development of social qualities (e.g., teamwork, leadership, etc), whereas physical education could impart the knowledge, motor competence and appreciation needed to be active and maintain health. It is important to remember that provincial documentation from the Ministry of Education described the difference between physical activities of endurance, strength and flexibility: these qualifications did not ally with the descriptions that this student population provided; they were more apt to discuss the difference between physical activity, physical education and sport. In the case of Sara C., sport was something that was inherent to her character. She had been active her whole life: “I have always been like that...I would never let myself get out of shape.” (Sara C., Grade 12) Her involvement in sport allowed her to maintain her corporeal shape and weight. The reliance or emphasis on a physical state to reflect a particular health status will be the topic of a later discussion; however, I note this statement here as it does highlight her motivation for previous (and present) participation in sport—a significant point, as this effort to separate experience in sport from participation in physical activities was also a popular topic of conversation for the other participants.

In contrast to the common perception that this student group maintained in relation to participation in physical activities, sport and physical education were both believed to contribute to the overall development of an individual—mental and social, for example—as opposed to a strict physical/corporeal impact. It was obvious that each student from this project thought that sport, and team sport in particular, would provide them with opportunities to collaborate in a group environment, formulate or strengthen a social bond, build cohesion amongst the team and the student body, and develop confidence and/or leadership qualities. As noted by Sarah L.:

I think that encouraging students to go out, even as an individual to run for 30 minutes, that's great but on team sport, you learn a lot more than just being physically active. Team sports help you socially. Team sports help you develop as a unit, develop as a group. You know, and I think those things are as important, if not more important than physical health.

(Sarah L., Grade 12)

It was a surprise to me that, for Sarah L., the potential physiological benefit was not as important as the development of other qualities that team sport was thought to cultivate. However, the capacity of sport to improve overall health and development became a dominant narrative in the interviews.

As did Sarah L., other participants felt that the involvement on a team would benefit more than just the health of an individual. In their view, sport created opportunities for young people to do more than just expend energy: sport participation could enhance fitness as well as social, emotional and mental development. Further, participation in sport held a broader purpose for these students—whether to develop as an athlete, to build a team, or as an escape from boredom—whereas physical activities were just a component of their regular routine (e.g., soccer practice versus the walk to/from class). True to their notion of health, sport would also contribute to the maintenance or achievement of an ideal shape and weight. As I noted with Sara C. earlier, she undertook her participation in sport to maintain her shape. In this sense, the physical impact made possible through participation in sport was a motivation for action. Will,

an athlete at the school, presented a different facet of this perception, by suggesting that his physical appearance alone was adequate proof of his participation in sport: “If you can’t tell, if you don’t know me, but if you see me, I am healthy. I am pretty fit.” (Will, Grade 12) Will felt that his shape and weight were enough to characterize him as an athlete, and athleticism would, in his opinion, be indicative of good health. In his mind, the problem that the requirement sought to address was not a problem for him and therefore, he should not have to act in accordance with the mandate. He was not overweight or obese; he was an athlete and as such he thought he should not have to confirm this online. Will then went on to suggest that some people needed further intervention (in addition to the requirement) to curtail the current health trend: “They are cracking down on it because people, like, technology is getting better, people do not need to leave the house as much and people are just getting, well grosser and greaser.” (Will, Grade 12) Will’s statement demonstrated his belief that his participation in sport would lead to the development of a certain appearance, which he thought of as tantamount to health. He was blunt in his words and did not hesitate to associate people of a certain shape as “grosser and greaser” than those of a more ideal form. It should be emphasized here that the intricate relationship between appearance and health came up for frequent discussion during these interviews: it was not uncommon for young people to equate (often without just cause) a certain shape or weight with a particular health status; at the same time, however, there was an obvious and intentional attempt to also challenge this relationship—a topic of later discussion.

Participation in physical activities (as opposed to participation in sport) was not, from the students’ perspective, thought to have any direct benefit to either the physical stature of an individual or the overall health status of that person. Fariha can also add to this point: “These are things like just walking around day-to-day that fulfilled the daily physical activity. It wasn’t like we were educating ourselves about healthy lifestyles and stuff.” (Fariha, Grade 12) Like Fariha,

several other people also believed that fulfillment of the requirement did not instill a sense of appreciation for regular involvement in physical activities and as such, did not encourage future participation. A quote below from Fariha illustrates the difference between physical education and physical activity; her perspective was indicative of the group as a whole.

Physical education as I said, I always saw it as more learning how to exercise properly because there is a right and wrong when you do exercise, there is doing too much of one thing, too little of another, what you have to do, requirements you have to fill, aerobic and anaerobic. So physical education to me is a lot more of the perspective, the showing how to do it, what's healthy for you, etc. and I think it should include more than just exercise. Physical activity to me is just such a small little spectrum in my definition. I am not sure how you define it, but to me it, it's just anything that you do physically from walking, moving, and dusting, like typing for example is, was on our DPA options. You could sit at a computer and type and, yeah and, how many words for minute you typed and you could pick depending on how many words per minute you typed [Laughing] what kind of physical activity it was so to me it's just like too broad.

(Fariha, Grade 12)

In Fariha's opinion, physical education contributes to the overall development of a child. This approach did not target a mere physical component through the goal to increase heart rate and expend energy; but rather, it would foster and sustain a lifetime of participation. I found that this quote was an articulate demonstration of a common demand made by the students: the need to learn and act on knowledge and not just do as instructed.

Carol also discussed the potential of a physical education class to improve her personal level of fitness through a thoughtful commitment to both fitness and education. Throughout her interview, she spoke about her positive experience in her fitness elective course.

I take it every E block and it's like a group of girls, it's not co-ed or anything, it's just girls and we do aerobics, we go running, we do yoga, Pilates, just everything, you know and like weight training and just, it just kind of like... We train, we train our muscles, we learn about our muscles, bones and stuff. Every Thursday we do like textbook day like we read the text and we actually do the written part of the criteria or curriculum and then after every month, we do a fitness test to see how much you improved like physical-wise so it

not only motivates you but also it kind of like tests how fit you are and...it just shows how much you improved and I think that really is important and I, I um after taking it, I really encourage other people to try fitness, like younger people.

(Carol, Grade 12)

Carol felt her experience in class contributed to her physical, emotional and intellectual development. In relation to her physical development, for example, she was able to broaden her motor repertoire through the continual exposure to different activities. There is also evidence of an increase in self-confidence, as she was able to note her improvement and take pride in her progress, both physical and intellectual. Overall, throughout her dialogue it was evident that there were certain qualities of this specific physical education course, Fitness 12 (Fit for Life), that were more valuable to Carol than a mandatory physical activity requirement; this was particularly evident when she described a course to increase her personal level of fitness and expand her fitness repertoire.

Like if we had to do like a physical activity course, like if it [DPA] involved that then I would understand, right because it actually makes a difference. Like I joined a fitness class [at school] and it, I've never been this fit before and like I think that is really taking action, not through like the computer and going on the internet and whatever.

(Carol, Grade 12)

I would like to note here that the impact of a physical education course on physical fitness, as noted by Carol, was a direct contradiction to the information made available by the Ministry of Education in British Columbia.

Statistics document the fact that physical education and health courses alone are no longer enough to counteract the increasing temptations of an inactive lifestyle and unhealthy foods choices.

(Ministry of Education, British Columbia)

While the Ministry of Education may just intend to rationalize the development and implementation of DPA, it does, at the same time, demean the existing physical and health education curriculum. In contradiction, Carol was eager to discuss the potential for physical

education to increase her physical fitness. From my discussions with her and the rest of the student population, it was obvious that enrollment in a fitness class was better able to influence health behaviour and enhance level of fitness than a mandate to be active:

I really think they should get rid of the DPA, honestly and I think, you know, the issue with physically activity and being healthy, you learn by yourself through experience and if they really are concerned about our health, and our being fit, they should put, they should tell schools to put emphasis on, you know, teaching kids how to eat healthy, how to exercise, you know, different types of exercise and maybe create clubs or something.

(Carol, Grade 12)

The response from Carol confirmed the need for young people to learn about health and engage in critical discussion about health (mis)information. Ali would also mirror this perception. With respect to the potential for the requirement to entice a behaviour change in youth, she said:

As far as change goes, I'd say anything would be just the negative attitude. No one, I have not met anyone in favour of the policy. It's, it's not well organized at all, and I find that, no one really feels inspired. Everyone's just as physically active because I really believe that if you're active, you're active because you want to be and vice versa but I don't think it's been positively received whatsoever.

(Ali, Grade 12)

For the most part, this student population was honest that their fitness/exercise behaviour did not change and will not change to meet the demand of the graduation requirement. As Ali demonstrated in the above excerpt, without the knowledge to understand and appreciate regular participation in physical activities, a student cannot value the mandate. To this end, rather than encouraging participation, the DPA requirement would cause people to fabricate their involvement in physical activities. Ali is confident that the impact of the requirement will be negative. Fariha also echoed this sentiment:

They said exercise every day but if you take like the aerobics course you'll learn it's different from that to be healthy and happy and whatever and I think exercise brings you a lot, we just don't know enough about it to really value it... And we're not educated about what different exercises do, what aerobic

exercises, and aerobics does for our bodies. How much of each we have to do to be healthy? Without that kind of stuff, like the knowledge to understand, it's kinda like, what's the point?

(Fariha, Grade 12)

Fariha, in her above comment, highlighted the need for her peer group to learn more about fitness/exercise and the relationship between certain activities and the overall health of an individual. A central theme to this excerpt is the importance of education and lack of an educational component within the requirement. I allude to this earlier, but I think it is important to further expand on the simplistic reference to health in relation to appearance. Throughout this section, I hope that it is clear: the student population differentiated between the requirement, sport and physical education yet, in an effort to do so, reinforced the impact on shape and weight. This is a topic of further discussion in the next section; nevertheless, the comment from Fariha regarding the call for more health education could alleviate some of the emphasis on appearance and allow people to develop a more holistic approach to health behaviour and practice.

Image is everything: Motivation to engage with health promotion strategies

The association young people make between physical appearance and health is comparable to the relationship drawn within provincial documentation provided in support of the DPA requirement. For the most part, participants thought that the health status of an individual was indicative of her/his corporeal shape and weight—a perception echoed in provincial documentation. Within provincial documentation, there is an obvious attempt to connect obesity and physical (in)activity in order to promote school-based intervention, as though the failure to perform activities is the sole bane of an obese/overweight individual. For example, the province offered this statistical research to confirm the prevalence of obese/overweight youth in British Columbia in an attempt to rationalize the introduction of the graduation requirement: “One in

every four children in B.C. between the ages of two and 17 is overweight or obese” (Ministry of Education, British Columbia). The former Minister of Education, Shirley Bond, announced in one press release: “One in four of our children is now overweight or obese. For their future, and for the future of our province, this must change” (Shirley Bond, Minister of Education, September 2007). There is also an attempt on behalf of the provincial government to relate the problem with a widespread national issue to garner support for school-health intervention: “Three out of five school-aged children in Canada (ages 5-17) are not active enough for optimal growth and development” (Ministry of Education, British Columbia). The Ministry of Education is one of 4,000 agencies seen across the web to advertise the last statistic from Craig, Cameron, Russell & Beaulieu (2001). In fact, the agencies found through a recent online search of the later statistics were often seen to target families and children (e.g., Canadian Fitness and Lifestyle Research Institute, Physical and Health Education Canada, Dietitians of Canada, Clean Air Champions, Screen Smart, etc).

While there is no denying the importance of this information, the research persists in reinforcing the narrow notion that health is a personal choice: a choice whether to achieve/maintain the ideal appearance or not. It emphasizes a need to demonstrate a commitment to bodies alone. Through the perpetuation of this rhetoric, the visual manifestation of poor health (i.e., overweight/obese) becomes the obligation of an individual to control and regulate. Young people internalize this message and believe that health is the product (as opposed to the process) of a certain ideal, corporeal form. As seen in the following interview excerpt, young people are buying into the epidemic discourse/rationale behind these policies:

Boron – It is like them saying, oh you got a bunch of fat kids on our hand, that’s not our fault, and we tried.

AD – Do we have a bunch of fat kids on our hands?

Boron – We will in a couple of years, yeah for sure.

(Boron, Grade 12)

Boron did not think that the research was reflective of his experience to date, but he was certain that, in the future, the crisis would become more visible. Students were aware of the anxieties that drove the implementation of policies and despite the fact that they did not believe that the prevalence of overweight/obese young people was an issue at their high school, they were still anxious. Students were fearful that the “epidemic” would (in some form) become more obvious in the future. As such, school-based intervention would help to counteract the epidemic.

I mean obesity through North America has been public knowledge for a while, it's with our industries and everything, it's heighten in comparison to anywhere so I mean I guess it's that, it's trying to kind of calm people down, I guess or prepare for the future...

(Ali, Grade 12)

Ali, like Boron, thought that intervention would curtail the prevalence of obese/overweight people in the future. For her, it was probable that the health of children would continue to diminish if not for some form of intervention. Ali suggested that the epidemic is public knowledge across North America, and she related this research to her experience in Coquitlam, British Columbia by not questioning the prevalence of the problem within her high school. She accepted the information and endorsed preventative action. Fariha was also supportive of preventative action, but she did not believe that a graduation requirement would resolve the apparent problem.

You need to educate us, yeah because really none of us really understand this activity policy. Yeah, in theory... Like if you ask someone they'll say, oh because there are a lot of fat people walking around, that's what they'll say. The aesthetic is bad.

(Fariha, Grade 12)

To Fariha, the mandate to engage in physical activities was too narrow a solution to effectively diminish the prevalence of overweight/obese young people that the research claims is so prevalent. Rather, she thought that education would help encourage young people to reflect on health behaviour and (mis)information, rather than focusing on the maintenance of a particular

aesthetic. Obesity, however, was not merely an issue of physical concern; students also discussed the apparent “epidemic” in relation to economic expenditure. This, although not explicit in the DPA program guide, was evident in some of the material (i.e., in a DPA PowerPoint presentation that was made for school staff and posted on the Ministry of Education Website) made available by the provincial government. Young people would not review this presentation, but it is probable that information would be shared, at some point, in the classroom. As Justin said in his quote above, youth did gain exposure to the research that would drive the implementation of health strategies in school. For example, to promote school-health intervention, the province would often cite the eventual economic burden to health care that an obese individual would cause. In the below quote, one student thought to highlight the financial motivation behind the provincial direction to promote health (through mandatory behaviour) in the province.

Well, obviously the government doesn't want, you know... it costs a lot more money to keep fat people around than to keep, you know, skinny kids around, right. But, you know, they try to, you know, you could go to a community centre, and all like the meal plans and all that, but you know it's... it's cute but you know, if you are going to do it, do it. Actually enforce it. Not so much... You know, saying I am not going to graduate is like... you know what I mean? They're going about it the wrong way.

(Boron, Grade 12)

In the above quote, Boron was observing health policies in school. His reference to the community centre was in relation to the need to increase participation in physical activities, and his remarks concerning the meal plan were in relation to a new food guideline for the school cafeteria. To either end, the effort made by the provincial government is, as Boron said, generally seen to be a slick or a superficial attempt to resolve health disparities in school. At this point in the interview process, I would typically attempt to prompt the students further to discuss their experience with this prevalent obesity rhetoric. I was curious as to whether or not the

students would challenge what the province promotes as a preponderance of obesity. The evidence produced by this probing reveals that these students did not believe that obesity was a problem in their school; in fact, the general perception of young people in the study was that the majority of the school population were active—often to an extreme—and, if anything, underweight.

AD – You mentioned obesity... do you think obesity is a problem?

Fariha – Uh not to the degree that I've seen it in the States like just north of the border in like Blaine or Seattle, you can see that like the weight class has gone up a few notches, uh I don't think it's a huge problem down here, I don't think obesity is like really a severe one and I don't think, I've seen underweight more than overweight lately uh...

(Fariha, Grade 12)

Given their exposure to the “epidemic” discourse, many young people believe that there is pressure for the authorities—school administration and/or government—to intervene and change the deskbound/inactive culture. Nevertheless, the apparent obesity epidemic referred to in provincial literature did not reflect the situation within the high school. Perhaps the rest of the world is inactive and overweight, but the young people at Terry Fox Secondary School stated they themselves were not. As Fariha suggested, the obesity epidemic was likely a concern for south of the border, but not in her backyard. Boron, presenting yet another alternative theory, thought that health policies in school were meant to curtail a future crisis:

AD – Do we have a bunch of [obese] kids on our hands?

Boron – We will in a couple of years, yeah for sure.

(Boron, Grade 12)

It is a bit repetitious to include this interview fragment again, but I want to underline the point: regardless of whether the crisis was thought to be an issue for another country or time, students were certain that this problem did not reflect the realities of the student population at Terry Fox Secondary School. Nevertheless, the constant exposure to the dominant obesity discourse resulted in students scrutinizing bodies and behaviour in an effort to relate to the broader

problem. As one student said, the continual pressure to demonstrate a commitment to personal health (most often through the attainment/maintenance of an ideal appearance) caused him to question his behaviour, and often made him feel as though he had done something wrong.

Yeah, [school staff and government authorities] made me, believe it or not, they make you feel like you're doing everything wrong. They don't like that you eat chips, so they took them away. It's like, you were doing something wrong.

(Dustin, Grade 12)

For Dustin, and several of the other young people, these policies were perceived as punishments for failing to meet a certain physical standard. In Dustin's case, he felt as though he had done something wrong, and his implementation of school health policies would cause him to question his appearance and behaviour. He believed that unless there was a problem with his behaviour, there was no need to for government authorities to intervene. Justin also felt that the unquestioning coverage/acceptance of this research would misinform health behaviour and cause students to strive for an ideal form/weight. In his view, there was an emphasis on the outcome of physical activities (as opposed to the process) that would motivate young people strictly through fear to act in avoidance of a particular shape and weight; with such an objective in mind, any action (e.g., anorexia or bulimia) that would lend to the construction of an ideal body form was permissible. The following excerpts from Justin's interview illuminate the manner in which young people internalize the rationale given in support of school health policies. The first excerpt highlights, as does the above quote from Dustin, that students feel as though the need for intervention is indicative of a prior failure:

We talk about obesity, but anorexia and bulimia are very rarely brought up or other things like that where people are underweight are hardly talked about now. Uh if someone is already feeling self-conscious or overweight and their actually not and then suddenly everywhere, "Oh, so many people are overweight in this province, and all you people are inactive" which is basically a nice way of saying we're lazy, you know, maybe not be their intention but that's what it comes across as. You know, if someone is already

having issues with their body image then what do you think is going to happen at that point, right. They could very easily end up going too far in the other direction.

(Justin, Grade 12)

From this quote, it is apparent that Justin felt regretful that there was a need for authorities to intervene and create policies that govern behaviour. The message young people were receiving as a consequence of the DPA requirement was, as Justin suggested, that youth are indolent and need to be more active; in this interpretation, the obesity/overweight “epidemic” was a consequence of mere laziness. Later in the interview, Justin expanded upon his point discussed above and introduced some messages he felt the DPA data was sending students, and the impact of that information on their body image and body practice(s).

Uh, I don't know anyone personally, but I do know that uh part of the program at our school anyway last year at our school when we had homerooms, uh part of the way to pass the time because they were fairly long for just collecting DPA was uh they gave us some statistics. And, some of them were possibly legitimate like they said things like two-thirds of students in BC are inactive and I think it was one-third are overweight and looking around my school, I'm not sure that statistic quite fits what I see. It's possible but it's not something I see. But one thing that stood out at me was, there was a statistic in there that was something to the effect of so and so many girls wish to lose weight, it wasn't need to, it was wish to, uh I don't know, it might have been 7 out of 9 or something like that. I don't exactly remember but the point I was getting at was, why would you throw that in there with all these other statistics about, you know, we're unhealthy because we don't, we aren't active enough and we're getting too overweight and then you threw in this thing like so and so many girls want to lose weight. To me you're almost asking someone to get an eating disorder the other way. Now you're telling the girls, you are right, you do need to lose weight, you know, there may be some people but there are a lot of girls, I think that don't need to lose weight that do. I have friends, I don't think they're serious about an eating disorder but I do have friends that, you know, I think they're pretty, I think they're beautiful, they have perfectly healthy bodies and they say, “Oh I'm fat, I'm unhealthy” all the time, and sometimes it is passing comments sometimes it is a little more sensitive. I don't know anyone personally that has an eating disorder or that extreme but I do know people that are self-conscious about it so when all this stuff is being thrown at you, you know,

while trying to fix one problem, we don't need to create another one. We don't want to eliminate the obesity and overweight epidemic, and 20 years from now have an anorexia epidemic instead.

(Justin, Grade 12)

The DPA data provided to students did not, from Justin's perspective, reflect the actual situation at his school. He did not believe that the young people in his school were either inactive or overweight/obese to the extent that the DPA research might have a person believe, but the information that Justin heard in classroom discussions gave him the impression that any initiative to become active would be motivated by fear. Furthermore, he was apprehensive that reactions to the data could skew the perception of his peer group to believe that everyone is (to an extent) overweight and could, or should, lose weight. The majority of the participants did indeed feel the threat of obesity. In another interview, a student felt the need to discuss his source of obesity anxiety.

I think it is the way it's presented in a way because when you are in planning, it's like drugs kill you, and smoking, you're going to die, and so like the kids who are smoking or experimenting with drugs they get scared and it is another way of scaring the kids into like stopping but I just... the way they present it to us, it's like you are going to die no matter what and you can stop but they don't, they don't when they teach it they don't give the option of stopping, they just think that everyone who is a smoker, is going to smoke for the rest of their lives and they just say you are going to die, and then they don't say like, oh you can quit, like with help and stuff you can quit. They don't mention that. They just say... you're smoking, you're going to die. And I guess like with obesity, it's the same like, you're fat, and you're going to die. It's not the same like it's not how it actually is.

(Dustin, Grade 12)

In the quote above, Dustin questioned the use of scare tactics in information that targets young people in the interests of promoting certain health behaviour. It is through their naturally uncritical and crude approach to information dissemination that young people become frightened, and thus lose an opportunity to articulate alternative possibilities. In this sense, students do not articulate an explanation to support/refute certain health behaviour; rather, they

see only the prescriptive strategies that invite them to be mere docile bodies. Bluntly put, students are told to behave in a particular fashion, without question. This prescriptive approach is thought to lend to either the production of a normative bodily shape and weight—the essence of good health—or, should a person fail to follow the prescribed behaviour, result in disease and possibly death.

The approach to health policies in school mirrored the approach taken by government agencies at the time of implementation. The tireless effort of the provincial government to (re)brand Vancouver and Whistler as the healthiest Olympic-host region was evident through the work of one specific government health agency: ActNow BC. The organization emphatically targeted young people in school through the endorsement of various policies and technologies (e.g., DPA and an online physical activity tracker). Throughout the interview process, it became apparent that students were cognizant of this quest to drive a particular image (especially with respect to health) in the province. Many of the participants were familiar with and, could even recite the goal of, ActNow BC: to make Vancouver/Whistler the healthiest jurisdiction in the world. Ali and Dustin, both active on student council, spoke to this pressure to promote a particular image in light of the 2010 Winter Games.

It's great timing in that we've got the Olympics coming up and they want us to be the healthiest people in the world, and it's great to be able to say that, but it's not really factual.

(Ali, Grade 12)

Ali did not agree that the incorporation of school-based health strategies would serve to improve the health status of young people either at her school or in the province. In her view, there was insufficient evidence of a notable change in behaviour such that it would not be “factual” to suggest that young people that are more active—and thus, healthier—due to a mandatory physical activity requirement. Dustin, in a similar fashion, was skeptical of the attempt to promote a particular health image for people in the province.

I think that they are trying to promote that we're healthy, that we promote physical activity because the Olympics are physical activity, and then that like just the areas that are physical like we have areas where you can like ski and stuff and trying to be like, hey this is how we are. There are like 4 ski hills from Vancouver in like 10 minutes like they're trying to promote the idea that we all do it so they're trying to promote physical people. And it's, it's not a representation of everyone.

(Dustin, Grade 12)

Evidently Dustin understood the rationale surrounding the 2010 bid and, in particular, the need to connect a health promotion campaign to the Olympic movement; however, he was adamant that the attempted portrayal of all people in the province as having a health-fanatic nature would never be an accurate representation of its population. When exposed to constant, image-centric promotion, young people naturally receive the message that health is about the reproduction of a particular image. As Sarah suggested:

...Like you ask anyone who, who say does yoga, they are not doing yoga because they actually enjoy yoga, they're doing yoga because then their Facebook status can say, "I'm at yoga", you know. And that sounds so stupid, but it's true.

(Sarah, Grade 12)

Sarah perceived the desire for many young people to portray a particular image with respect to health, and she was also quick to note the use of the Internet (specifically, Facebook and Twitter) to demonstrate this image. I would qualify Sarah's comments somewhat: the main motivation for some people to participate in health behaviour, as Sarah noted, is indeed to project a particular image. This does not, by any account, shock me. People use the Internet to project a certain, ideal image all the time, whether it is related to health, status or what have you; the inconvenient aspect, from a health perspective, is that the reproduction of a certain health image can become the prime motivation for participation in exercise/fitness activities.

Under the guise of health promotion, the direction taken by the provincial government may seem to target important health disparities amongst youth but, as the participants have

noted, the health crisis (i.e., overweight/obesity, for which an apparent solution was established to resolve) does not reflect their realities. The key trouble with this approach is that there is an obvious disconnect between the official stories told through provincial documentation and the unofficial stories from the field. As such, the intention of the requirement will not match the practice observed in schools and therefore, it renders the effort to promote health in school as useless. The following section highlights the call from students to address health in school through curricular reform (and in particular, mandatory physical and health education classes) as opposed to public policies that lack an education or informational component. I will use the discussion from students to highlight the potential for school-based health strategies to further delegitimize (as oppose to augmenting) physical education instruction throughout the province. In summary, many students believe that the emphasis on individual action, as seen with this approach to school health reform, will threaten the existence of health and physical education in schools.

Alternative possibilities: Advice from students

Within the previous section, I outlined the manner in which students disassociate physical activities from those that contribute to personal health. For this student population, physical activities were difficult to avoid on a regular basis, given the expansive definition/approach I describe earlier. This, I found, was similar to the definition from the Public Health Agency of Canada (2008): physical activities were defined as including any bodily movement that might (or might not) result in an expenditure of energy (e.g., housework, grocery shopping). Since most of these activities were essential to their regular routine, involvement was difficult to avoid: this made each participant skeptical of the health impact involved. Unlike physical activities, however, participation in sport and physical education did benefit the health status of an

individual. For example, their conceptualization of sport, and in particular the notion that sport can fulfill both a physical and social component of human development, lent to the belief that sport was a better contributor to health than the DPA list of activities. While they regarded sports as a means to help achieve or maintain a specific bodily shape or weight, they felt physical education would instill the necessary knowledge and motor competencies to participate in appropriate health behaviour. This section will further explore the demand made by young people to tackle health in school through an approach that does more than just mandate activity.

Most participants were in agreement that the DPA requirement for graduation should be abolished. One student said:

I would completely get rid of it personally... I don't know, like I said, I just don't like how they assume that none of us are active when, when there is a huge portion of us are... And the ones that aren't, they don't really want to do anything to change that, if they are happy with themselves then who are they to try to change them.

(Will, Grade 12)

In this particular case, Will was confident that DPA could neither entice students to engage in activities nor instill an appreciation for physical activities. Rather, he thought that through the introduction of the DPA as a graduation requirement and the exposure to information that would drive its implementation, students would resist the effort to respond to dictated activity.

Furthermore, Will alluded to the relationship between happiness and health (or the physical appearance popularly believed to be reflective of an ideal health status). From his perspective, students would internalize the pressure to be a certain shape/weight and feel remorse should she/he not demonstrate the ideal form.

Another student wished to eliminate the requirement as he, too, felt that it would not entice people to change and in fact believed it would create additional stress.

Well, I'd say they need to do one of two things. Either, they eliminate it completely and get rid of it and just let people do what they were doing before

which generally, you know, people would get their PA or you'd have like maybe one or two or a few people who generally didn't care and were complete couch potatoes who wouldn't and that always happens anyway even with this policy. [Mary – sound of agreement] Or you could uh, first off get rid of the stupid, we won't let you graduate if you don't finish it, that is a major stress point and not only that it doesn't really convince people to do it, it just makes them more pissed off that they have to.

(Matt, Grade 12)

In Matt's case, he was adamant that the extra pressure (i.e., the graduation component to the requirement) to change behaviour would not motivate students to be more active. The mandate is an inconvenience, not an inspiration; in Matt's opinion, it will not encourage young people to be active now or ever. As Justin illustrated:

Forcing people to do it, you might at best, get them to do it while they're in high school and instill a hatred of physical activity which will last for the rest of their life, and they'll end up never doing it again, which is the exact opposite of what the program is trying to do.

(Justin, Grade 12)

Justin was quick to cite the hatred some students have for physical activities; other students noted their hatred for school authorities that attempt to dictate behaviour with the introduction of policies that do not consult the target demographic beforehand. Shiloh, a timid grade 12 student, said that she would be less rebellious with respect to the requirement had she been consulted prior to implementation. It was as though she did not want to participate in physical activities or complete the requirement, because she felt that through this lack of adherence she could resist the control government authorities were seen to exercise.

Dustin – I just there is just so much to say that it's just... I feel like if I was consulted I wouldn't be so bitter towards it like if I knew it was coming and I had some say of how it was going to develop then I wouldn't feel like I hate it. But right now, I hate it.

Shiloh – Yeah, it's true like I maybe wouldn't have the "stick it to the man" feeling so much.

(Dustin and Shiloh, Grade 12)

Dustin and Shiloh were not bitter about the intention behind either the graduation requirement or even the mandate to participate in physical activities; these two were resentful about their lack of involvement in the development process. As a consequence to this exclusion, both Dustin and Shiloh did not support the implementation of the requirement. However, rather than vocalize this disappointment to school staff/administration or the province, Dustin and Shiloh took up the stance popular among their fellow students, which was to fabricate their involvement in physical activities. Later in the interview, Shiloh and Dustin began to discuss the potential for DPA to influence future behaviour. The mere suggestion caused the two to burst into laughter and joke:

Dustin – [School authorities] try to scare you into filling this thing out that doesn't really change anything. After you graduate you do remember, oh I did the Daily Physical Activity, like it's not something you remember from high school... [Laughing]

Shiloh – [Laughing] That's probably the idea, I mean I am sure it is, but I don't think the way it is working.

Dustin – The way it is being enforced, oh sorry [apologizes for interrupting] I just don't, the way they're enforcing it, it is not inspiring anyone.

Shiloh – It is more of a hassle... than an inspiration.

(Dustin and Shiloh, Grade 12)

It was apparent that students did not support the implementation of the school-based health policies; they valued the intention of these strategies but the implementation and execution did not help to combat the health disparities. As such, there was a common perception that money could be better spent elsewhere.

I mean I honestly think that the best way that the government could have helped is to just simply be to put in more money for these programs that do help people like practice healthy living. If we could have more money in all these different areas it would make people be able to facilitate their needs that much easier and I think that would be way more significant than writing down how you exercised each month. It's not always about recording it; it's about just offering the opportunities that people need.

(Ali, Grade 12)

The graduation requirement did not resolve the difficulties that students cited in relation to participation nor did it create opportunities for youth to be active at the secondary school level. Young people would have to overcome such disparities, often in isolation, in order to graduate. As the requirement did not resolve these disparities, students thought that the intention of the graduation requirement would be better met through a dedication to classroom instruction. In particular, and as seen in the prior section, students believed that the effort to heighten health awareness and change behaviour would be better met through a commitment to the physical and health education curriculum. Furthermore, in order to maximize the potential for physical education, students said that the physical education curriculum would need to change and, in particular, to no longer merely reinforce the jock/athlete culture.

Remember that participants advocated for both the physical and social potential of sport participation, as seen in the below quote:

Encourage students to go out and either play on a student team or an outside team because I think that you learn so much more than just healthy living. Whereas, going out for a run, sure it teaches you stamina, sure it might make you healthier, but it doesn't teach you how to get along with human beings, it doesn't teach you how to work as a unit and I think that's more important.

(Sarah, Grade 12)

However, it was important that physical education be different from sport participation in that it did not jeopardize educational opportunities through the emphasis of a competitive, jock/athlete culture.

You need to be able to find a sport that you do like and the focus can't be on who's the best athlete because that is not necessarily making you the healthiest, you need to focus on who's trying the most, who is being involved the most because when it comes down to it, in terms of health, if you're out there running around trying to grab the ball, or hit the birdie or whatever and you absolutely stink, it doesn't matter, as long as you're having fun and being active, you're still creating a healthy lifestyle.

(Justin, Grade 12)

Justin's value system placed emphasis on instruction and evaluation on physical education, which does not depend upon mere motor abilities. From his experience, he felt the evaluation of students in physical education would need to change to meet the demand of a diverse group possessing multiple physical abilities. He did not understand the current approach to evaluation that merely rewarded athleticism. Similar to the notion that health could be determined through appearance alone, it was not uncommon for students to equate health with athletic talent. Justin felt that it was a common mistake for young people to assume that involvement on a team would dictate the health status of an individual. In the above quote, he also discussed the jock culture with respect to his own experiences in physical education and in particular, the questionable approach to evaluation. Participation on a team or the movement capabilities of an individual should not be the criteria for evaluation in physical education, as several young people would suggest; yet this was often the approach to evaluation seen in the course. Nevertheless, despite the need to improve the evaluation seen in physical education, Justin still believed that:

...It's opportunities like that that the school needs to create, maybe through a change to the PE system that becomes mandatory, uh but that's how you have to do it because it's not just about making kids be active, you have make us want to, you have find ways that we can incorporate it in our lives after we graduate.

(Justin, Grade 12)

Justin thought a school should create opportunities for students to engage in different activities. Through the exposure of multiple activities, they could develop a repertoire, complete with the knowledge and skill set that would help build future participation. Justin's thoughts, similar to those of Carol, were that a genuine emphasis on health would demand more people to be held accountable. Carol wished to have support from the physical education profession, and the guarantee that someone (i.e., a government employee) would confirm her participation.

Yeah for sure because uh DPA doesn't, like it doesn't give you much options like it says, oh running or whatever and you can't really write anything, you

can't really type anything and like your reference is kind of hard because if you do it by yourself, I don't understand, like do you write your parents as your reference or like it's just kind of complicated and doesn't really make sense because I don't really feel like the government or anyone is going to read it. You know, there's like millions and millions of students, right.

(Carol, Grade 12)

For Carol, it was difficult to find the motivation to adhere to the DPA requirement. Given her statement above, it is apparent that regardless of her commitment to the requirement, there was a lack of assurance that anyone (i.e., guardian, school staff, government official) would care. It was not as though her participation was dependent upon someone else to motivate her actions; rather, she believed that in order for participation to be valuable to herself and other students, it would need the support from an adult population to recognize and endorse the value. This was a sentiment shared by several participants, and it was common for them to think that it would be nearly impossible for one teacher to oversee the (in)completion of the requirement for entire student population; the consensus was that a teacher's time would be better spent creating opportunities for youth to be active as opposed to monitoring their involvement. One student thought that a certificate program might help with the implementation of policies in school:

I was just thinking like if we go so far that we have to have a coach that is DPA-certified. I was just imagining that, that you actually have a coach who is DPA-certified and you have to be on a team with those like even with another coach, he's not DPA-certified, that doesn't count.

(Dustin, Grade 12)

It is important to highlight Dustin's thoughts concerning the need for such a specialist within the school. He did not believe there was potential for physical education alone to meet the demand of the graduation requirement; rather, he was optimistic that implementation of a certificate program would equip a teacher with the knowledge to create opportunities for students to be more active. I felt that this was a bit of a knock to the physical and health education profession in that the student did not recognize the field (or those within the school with a background in the

area) as a potential source for this type of expertise. It does highlight a lack of appreciation for the profession: it is almost as if this expertise does not serve a purpose outside of the gym.

CHAPTER 6: MISSED OPPORTUNITIES TO FUTURE POSSIBILITIES

Research overview

The intention of this thesis was to include student voice in the evaluation of school-based health policies and in the process, examine the (un)intentional impact of DPA. In an effort to do so I compared the intention for Daily Physical Activity, as offered within provincial documentation, to the experience of a senior high school student population. I was able to locate a student population online due to their creation of a Facebook discussion board. This board (T-FoxBlog) would welcome conversation in relation to school health policies within the province of British Columbia. The intention of the discussion was to help one another navigate ambiguities inherent to the implementation of DPA. The communication online offered an important contribution to the school-based practice of health policies and as such, should be heard in the evaluation process.

The second chapter of this thesis, delved into the political context of British Columbia and in particular, the effort to leverage the Olympic/Paralympic momentum in the province. There was an effort, prior to the Olympic mega-event, to develop a cross-ministerial and intersectoral approach to health. This led to the creation of ActNow BC, a provincial health organization with the intention to (re)fashion Vancouver and Whistler as the healthiest Olympic/Paralympic host jurisdiction in the world. The purpose of this chapter was to detail the development of ActNow BC and to illuminate the unique relationship between the organization and the promotion of school-based health policies. To this end, the inception of the organization and the creation of school-based health policies would demonstrate a rather superficial approach to health—one that would bolster an ideal citizen as oppose to create sustainable health legacies

for host communities. I felt that the creation of this organization was important to reflect upon as ActNow BC was a staple in discussion within the field. The overall presence of the organization within the school was impossible to avoid. The student population could (without hesitation) recite the slogan and purpose of ActNow BC. I found that the quasi-government organization was better able to market the ActNow BC brand as opposed to improve the deliverance of an effective health program. I felt that this effort was similar to that seen within the private sector. For example, several fast food companies have been able to produce support material for physical education to promote their brand and de-emphasize the negative influence of their product on health (Hellmich, 2005; Linn & Novosat, 2008). The infamous partnership between Coca-Cola and ParticipACTION is one that I call to mind. The “Live It” program was another Coca-Cola creation, with the endorsement of Lance Armstrong, the program was meant to encourage children to participate in physical activities (Warner, 2005). The potential for quasi-government and private entities to infiltrate the school environment and endorse health policies does (and in this particular case did) little to value the expertise of those within the health and physical education profession. Aside from this utter regurgitation of the slogan, the organization did not influence health behaviour nor instill a positive attitude or appreciation for student involvement in physical activities.

The third chapter began with a historical overview of the broader inclusion of public health policies within the school environment, specific to a Canadian context. This particular section was a chance to explore the need to address health via a school-based intervention, separate from the formal curricula and examine the exclusion of physical and health education from the conversation. Policies are different from curricula: Curriculum is meant to support instruction and provide a blueprint of achievement for each subject and grade; school-based health policies, on the other hand, can mandate a prescriptive behaviour for a student to maintain.

The first section of the chapter was a departure point into the second section in which I offered a discussion of the popular health research that is often used in support of school health intervention. This section was written to illuminate the uneven inclusion of qualitative data from the evaluation process and argued for the inclusion of student voice. The fourth chapter detailed my methodological approach to the research. It highlighted the sample and rationale for both the collection of provincial documentation as well as interview data.

The presentation of interview and relevant document data followed in the fifth chapter. The first theme from the data, “Every move is a good move: Students define physical activities,” offered the definition and approach to DPA from the perspective of the provincial government. Through this section it was shown that young people use an expansive definition of physical activities that did not relate to the definition provided within provincial documentation. As opposed to inspiring participation in physical activities, this student population was adamant that the implementation of the requirement would increase time spent online and diminish a desire to be more active.

The need to address health in school has and will continue to cause educational as well as technical difficulties. The data from the second theme of the chapter, “Online surveillance of physical activities and government control” described the operational deficiencies of the online technologies used to monitor and survey student involvement in physical activities. This data could aid in the implementation of DPA, but it should also not distract from the need to further explore the creation of these policies—both the intention and importance.

The third theme, “Physical activities, sport and physical education,” describes the way in which students differentiated the DPA requirement from sport and physical education. As the evidence in this section demonstrated, while each student did differentiate between each term, there was a common trend among the group to discuss physical activities, sport and physical

education with respect to their (potential) impact on personal health. The reliance upon a shape/weight to describe health led to the fourth theme, “Physical appearance and health promotion strategies,” that explored the relationship between appearance and health. This theme led into the fifth and final theme, “Alternative possibilities: Advice from students,” which described student feedback to health in school that would benefit them, personally, as opposed to the mere maintenance of a superficial, political tactic. The fifth chapter will share the collected data through an exploration of each major theme. This final chapter will use the research data to recommend future development and implementation strategies. I also want to emphasize the importance of future evaluation that will invite those within the field to share their stories and offer advice in relation to school-based reform.

Data from each theme will emphasize the need to better articulate the relationship between the latest school-based health policies and the historical inclusion of a physical and health education curriculum within an academic domain—an area I will further detail in the next section. I will use the advice from this student audience to emphasize the basic purpose of existent curricula to educate (as oppose to mandate) people to lead a healthier life. This recommendation is meant for those responsible for the development of school-based health policies. Subsequent to this rather brief discussion, I will recommend several possibilities for school staff as well as the student recipient to aid in the implementation of health policies. The intention is to not create an action plan, generalizable for each school in the province, but rather to outline a set of strategies that are appropriate for the student population at Terry Fox Secondary School and provide a model for future student involvement. The purpose was to demonstrate the implementation process that is possible with an active student recipient.

Educate (not mandate): Student-driven advice to the Ministry of Education

It is obvious that there is a need to re-situate health in school within physical and health education and hence this recommendation will stress the importance of those responsible for school-based health reform to consider the potential impact of curriculum. The difference between physical education and school-based policies was a popular topic of discussion. Overall, it was felt that physical and health education was able to contribute to the development of the whole child (i.e., psychomotor, cognitive and affective domain). This is similar to the historical argument from Clark Hetherington: education through the physical (versus education of the physical) can reconcile the potential for instruction to lend to the holistic development of a student (Hetherington, 1910). It can foster motor competence and develop the diverse movement repertoire needed to partake in physical activities across a lifetime. Participation in physical activities is not much more (and in this case, much less) than an increase in heart rate: a process in which bodies are separate from the mind. The requirement was shown to reinforce the biomedical approach to health—one that called on the dedication to fitness to achieve a particular weight/shape in the avoidance of disease. Physical education, on the other hand, will use activities as a vehicle to achieve a curricular expectation and in the process instill information and motor competencies needed to sustain participation across a lifetime.

The financial and human investment made in the development of ActNow BC was evidence that the province does wish to improve the health status of local communities. It is time, however, to match this desire with action. Future school health intervention cannot continue to prescribe certain health behaviour in the absence of education. Student health should be a curricular concern—one that will call upon expertise within the field to create classes that can both reflect the demand of the student population and optimize educational opportunities. Nevertheless, with the continual trend to incorporate health policies in school, it is important that

the profession is also able to develop strategies to deal with implementation rather than exhibit mere frustration. Not to suggest that frustration with this approach should be hidden but I do believe that school staff and the student recipient can better handle the demand of this health requirement while it is still a mandate for graduation. The next and final section will use the experience from one particular senior high school student population to offer implementation advice for future practice. It will emphasize the importance of a comprehensive approach to action and call for further support from school staff and those within communities to create additional opportunities for a student to be active.

School staff and the student recipient: Recommendation for future implementation

It would be a disservice to this student population to not disseminate this research data for school staff and administration to review. On that note, with the continual approval of each participant, I will create a document to summarize information from within this thesis (see Appendix 9). This document will use student feedback to develop an action plan to execute the requirement. The action plan will reflect the realities of this student population and therefore, it will not be generalizable to the situation within each school in the province. To this end, the document will not provide a solution for all the deficiencies inherent to the requirement but rather act as model for the student involvement – one that a teacher could later use to guide future practice. The creation of this document was one venue for a student to express alternative possibilities to health policies: these possibilities would maximize student participation in the process but also demand the support of those in the school environment. In this sense, effective implementation of school-based health policies would call upon people from within the school environment to take a provincial expectation and make it relevant to the student recipient. The

notion of additional student and staff involvement was explicit to each suggestion heard from this student population and as such, is a central theme to each recommendation made below.

One teacher to oversee the completion of the requirement does not create the support network needed to validate accurate student documentation nor does it allow extra time to create opportunities for participation at school – for example, an extra-curricular club or team that would help to expose different activities to the entire student population. Further to this, such an enormous task for one teacher was shown to make this student population skeptical of the process. From the student perspective, one teacher would not bother to confirm the completion (or check with the contact person) for each student in the school. Rather than one teacher an entire committee, that would invite school staff as well as a student representative, would better tackle the implementation and evaluation of the requirement in school. In this case, with more people involved in the process, there is a better chance for collaboration with communities as well. For example, this student population made the comment that local recreational facilities could provide a student special or offer classes that would cater to their interest or need. This would also help to demonstrate the importance of participation and the value of student health. Nevertheless, the involvement of additional school staff (or the creation of a separate committee) is a rather formidable task but to be frank, it is unrealistic to pretend that an individual could oversee these policies alone. The student population from this research was in support of a future approach to the requirement that would demand more of an organizational effort and involvement from a student group, as Carol said:

I think that it would be a lot more fun and a lot more beneficial to the students if, you know, like Student Council, if we got them to, I am a part of it, got us to kind of like do a project where we, where we make posters around the school or we go to middle schools that are near us and kind of talk about health and physical activity and stuff.

(Carol, Grade 12)

This made me reconsider the importance of student governance and the potential contribution of a student representative on the council. For example, a position on student council, either a Student Physical Activities Coordinator (SPAC) or an entire club, could help to organize opportunities to partake in activities and also help to deliver relevant health information (e.g., guest speaker or workshop) that is reflective of their unique student population. I think it is fair to assume that a student is better able to name the activities (health supportive or not, for example, drug abuse, sexual behaviour, etc) that a form of intervention should address. In an effort to not limit the scope of this individual or club, I think it is also important that the activities relate to the need of the student population. One student, in particular, spoke of her experience in a Physical Education course that was able to cater to the unique need of the class. From her perspective, the consideration of the student population in the development of the course would allow for a more relevant and beneficial experience – one that was unlike her experience in a more traditional Physical and Health Education course.

The continual introduction of school health policies should invite the profession and student recipient into the process—whether in the development, implementation and/or evaluation. The intention of this project was to get young people involved, but more than that, to let them know that their opinion does matter and should be heard, not just online but in person. Throughout this thesis, I have emphasized the need to further consider student voice to the construction of school health policies. It disturbs me that by not inviting young people to bring their opinions to the table, we negate their involvement in a process of which they are the target audience. We should ask ourselves if we want to create a future with passive citizens who simply nod in agreement when policies are mandated, because essentially this is the message that young people have distilled from the DPA initiative: lie about your participation in physical activities; better that than an actual revolt, where we can talk about the positive and negatives of

the program and work together to improve it. Enough with this superficial attempt to target youth and their health behaviour to advance a policy agenda: when are we going to sit down with the young people these policies claim to serve, and build a system that works for them?

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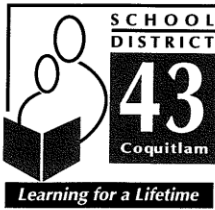
APPENDICES

Appendix 1. Approval certificate from UBC Office of Research Services

CERTIFICATE OF APPROVAL - FULL BOARD

PRINCIPAL INVESTIGATOR: Robert M. Vanwynsberghe	INSTITUTION / DEPARTMENT: UBC/Education/Human Kinetics	UBC BREB NUMBER: H09-00837
INSTITUTION(S) WHERE RESEARCH WILL BE CARRIED OUT:		
Institution	Site	
UBC Vancouver (excludes UBC Hospital) Other locations where the research will be conducted: Pending permission from school board, interviews and focus group will be conducted at Terry Fox Senior Secondary School, Port Coquitlam, BC. Written evidence of agency approval from School District 43 will be appended when available.		
CO-INVESTIGATOR(S): N/A		
SPONSORING AGENCIES: Social Sciences and Humanities Research Council of Canada (SSHRC)		
PROJECT TITLE: Daily Physical Activity: High school students' perceptions of the school-based health policy		
REB MEETING DATE: April 9, 2009	CERTIFICATE EXPIRY DATE: April 9, 2010	
DOCUMENTS INCLUDED IN THIS APPROVAL:		DATE APPROVED: May 28, 2009
Document Name	Version	Date
<u>Protocol:</u>		
DPA Research Protocol (Appendix 4a)	N/A	May 25, 2009
<u>Consent Forms:</u>		
DPA Letter of Consent (Appendix 4c)	N/A	May 25, 2009
<u>Assent Forms:</u>		
DPA Letter of Assent (Appendix 4b)	N/A	May 25, 2009
<u>Advertisements:</u>		
DPA Recruitment Poster (Appendix 3d)	N/A	May 25, 2009
<u>Questionnaire, Questionnaire Cover Letter, Tests:</u>		
DPA Interview/Focus Group Guide	N/A	May 25, 2009
<u>Letter of Initial Contact:</u>		
DPA Participant Contact (Appendix 3a to 3c)	N/A	May 25, 2009
<u>Other:</u>		
http://www.facebook.com/home.php#/group.php?gid=29014204316		
The application for ethical review and the document(s) listed above have been reviewed and the procedures were found to be acceptable on ethical grounds for research involving human subjects.		
<i>Approval is issued on behalf of the Behavioural Research Ethics Board and signed electronically by one of the following:</i> <div style="text-align: center;"> <hr style="width: 60%; margin: 0 auto;"/> Dr. M. Judith Lynam, Chair Dr. Ken Craig, Chair Dr. Jim Rupert, Associate Chair Dr. Laurie Ford, Associate Chair Dr. Anita Ho, Associate Chair </div>		

Appendix 2. Approval certificate from School District 43, Coquitlam, British Columbia



550 Poirier Street, Coquitlam, BC, Canada V3J 6A7 • Phone: 604-939-9201 • Fax: 604-939-7828

June 11, 2009

Amanda De Lisio
2205 Lower Mall, Marine Drive
Building 2
Vancouver, BC V6T 1Z4

Dear Ms. De Lisio:

This is to acknowledge receipt of your research application *"Mandating Action: High School Students' Perceptions of a School-Based Health Policy"*.

Please be advised that you have permission to conduct this study at Terry Fox Secondary School, subject to the following conditions:

- you discuss the proposal with the principal and receive written permission to conduct the study at the school;
- permission from parents is confirmed before commencing the study; and
- students involved agree to participate in writing before commencement

I wish you much success in your research.

Sincerely,

Dan Derpak
Assistant Superintendent

DD/rc

c: Heather Murphy, Principal, Terry Fox Secondary

Appendix 3. Research protocol



November 16, 2009

Research Protocol

Mandating Action: High School Students' Perceptions of a School-Based Health Policy

Principal Investigator
Robert VanWynsberghe, PhD

Co-Investigator
Amanda De Lisio, BEd, MA candidate

Sponsor

This research project is funded by the Social Sciences and Humanities Research Council (SSHRC).

Purpose

The purpose of this study is to understand the impact of "Daily Physical Activity" – a mandatory health policy created by the Ministry of Education – on high school youth living in the Lower Mainland of British Columbia.

Participants

Students (aged 13-18, Grades 10-12) from Terry Fox Senior Secondary School in Port Coquitlam, British Columbia will be invited to participate in the case study.

Informed consent

Students interested in participating in the study will be given an information package which will include an assent form (completed by the student). Informed consent will be denoted by the submission of a consent form signed by both the participant and legal guardian.

Involvement

Each participant will complete an hour interview with the researcher in September or participate in a focus group in October. The interview and focus group will be recorded with an MP3 player and conducted on school property.

Confidentiality and Anonymity

Each participant will remain completely anonymous throughout the study. In addition to each name being excluded from published documentation, all tape-recorded and transcribed interview data will be stored in a password protected computer file and printed data will be stored in a locked filing cabinet. Furthermore, each participant will be encouraged to not discuss the content of the study outside of the interview/focus group.

Withdrawal

Every participant will be continually made aware of the fact that they are free to withdraw from the study at any time without incurring any negative consequence.

Feedback

At the end of the study, a summary of the data will be made available for the school staff as well as each participant. Additionally, all documentation produced from the study will be provided to those interested based on request.

Risks and Benefits

Although this project is considered to be of minimal risk, if a participant is uncomfortable with any question asked, they are encouraged to pass and move onto the next section. There may be no direct benefit to participation in this study but the involvement of each participant will contribute to our understanding of the health policy, and hopefully, lead to future improvement.

Contact Information

If you have any questions about the research protocol or the responsibility of a participant, please contact Dr. Robert VanWynsberghe or Amanda De Lisio by the phone number or email address provided above. You can also contact the Office of Research Services at UBC with any question related to the treatment of a research participant by calling the Research Subject Information Line at 604-822-8598 or emailing RSIL@ors.ubc.ca.

Consent Form (Please sign and mail this letter to researcher if you approve of the involvement of your child in this study)

If you approve the participation of your child in this study please sign below and return it to the researcher. Just as a reminder, the participation of your child in this study is voluntary and he/she may refuse to participate or withdraw from the study at any time without any explanation.

I have read the above information and understand the nature of the study, and I allow my child _____(Name of Student) to take part in the study, as outlined in the attached letter. Please remove any comment noted by him/her.

Parent or Guardian Signature

Date

Printed Name of Parent/Guardian

Appendix 4. Letter of assent



November 16, 2009

Guardian Information Letter

Mandating Action: High School Students' Perceptions of a School-Based Health Policy

Principal Investigator
Robert VanWynsberghe, PhD

Co-Investigator
Amanda De Lisio, BEd, MA candidate

Dear Parent/Guardian,

My name is Amanda De Lisio. I am a graduate student at the University of British Columbia. I am interested in conducting a research project on high school students' perception of Daily Physical Activity – a school-based health policy implemented by the Ministry of Education in the fall of 2008. According to the policy, every high school student must track the amount of time spent being physically active per week in order to graduate. Given the fact that the policy is quite new to the province, evaluation is needed to determine future action. By hearing the perspective of your child, along with some of his/her peer group, my hope is to better understand the impact of the policy on their time at school. If your child is interested, I will ask him/her to conduct an interview or participate in a focus group with me that will last approximately one hour. The interview/focus group will be scheduled at their convenience and conducted on school property.

At no point during the study will a question be asked that is intrusive in nature and there is no known risk associated with his/her involvement in this study. Student participation is entirely voluntary, and even if your child does initially choose to participate, he/she may subsequently withdraw at any time without having to give any reason and without experiencing any negative consequence.

We welcome any question or concern you may have.

Thank you for your help,

Amanda De Lisio, BPhEd, BEd, MA Candidate
Faculty of Education

Appendix 5. Letter of consent



November 16, 2009

Student Information Letter

Mandating Action: High School Students' Perceptions of a School-Based Health Policy

Principal Investigator
Robert VanWynsberghe, PhD

Co-Investigator
Amanda De Lisio, BEd, MA candidate

We are researchers from the University of British Columbia (UBC). We are interested in what you think about the "Daily Physical Activity" policy. To do so, we would like to ask you about your perspective of the policy. It should take about an hour, depending on the amount of information you would like to share, and will be scheduled at a time that is convenient for you. By listening to your feedback, it is hoped that we can understand your experience with the policy – a policy intended for you. We want to hear your opinion because we believe your view is extremely important – not only to us but to those people devoted to creating and implementing a policy that is intended for your betterment.

This research project has been ethically approved by Coquitlam, School District 43 and the University of British Columbia. If you decide to take part, your input will be kept private, and will not be shared with anyone else. The interview/focus group will be tape-recorded and transcribed. Every participant will be given a pseudonym (you can create your own pseudonym if you wish) so that your identity is kept confidential. Copies of your every research transcript will be stored on a password protected computer, and if printed, kept in a locked cabinet at UBC.

We would also like you to take home the guardian information letter and give it to your parent/legal guardian. If your guardian does not speak English, please let us know and we will give you a translated copy of the letter. If you decide to participate, you need to submit a Letter of Assent (signed by you). The Letter of Consent (signed by your parent/guardian) is only to be mailed if a guardian does not approve of your involvement in the study.

Should you have any question or concern about the project please contact Dr. Robert VanWynsberghe or Amanda De Lisio at the email address and/or phone number included above. You can also contact the Office of Research Services at UBC. They have a 'Research Subject Information Line' (604-822-8598) to help address any question or concern you may have about the research protocol.

We look forward to speaking with you in the near future!

Amanda De Lisio, BPhEd, BEd, MA Candidate
Faculty of Education

Appendix 6. Personal and demographic information

The following information is meant to provide some biographical data about you which will likely be used for research purposes. Please provide the most accurate information as possible.

If you would like to create your own pseudonym, please include it here:

.....

Age:

Grade:

Gender:

Place of Birth:

First Language:

How would you define yourself? Please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Academically gifted | <input type="checkbox"/> Physically active |
| <input type="checkbox"/> Athletic | <input type="checkbox"/> Introverted |
| <input type="checkbox"/> Inactive | <input type="checkbox"/> Unhealthy |
| <input type="checkbox"/> Musically inclined | <input type="checkbox"/> Extroverted |
| <input type="checkbox"/> Healthy | <input type="checkbox"/> Un-athletic/movement illiterate |

Would you like to include any additional information about yourself?

.....

.....

.....

.....

Appendix 7. Semi-structured interview guide

Research Questions	Interview Questions
1. How is the policy implemented (i.e., enforced, monitored and supported) by TFSS staff and student body?	<ol style="list-style-type: none"> 1. How did you first learn about DPA? 2. Is there an individual responsible for overseeing DPA at your school? 3. How is the policy (dis)encouraged at your school? 4. Where would you go if you had a question about the policy?
2. How does the DPA policy impact students' perceptions and levels of physical activity?	<ol style="list-style-type: none"> 2. How did you react when you first learned about the policy? 3. How do you feel about DPA now? 4. What role/purpose does the policy play in your mind? Why do you think it was implemented? 5. Do you think DPA influenced your level of physical activity? How? 6. How would you describe yourself? (Describe a person that is "active" and "healthy". Would you describe yourself in a similar way?) 7. If you decide to engage in any form of physical activity – why is that?
3. Do the students' perspectives reflect the intended goal of the provincial government for the policy?	<ol style="list-style-type: none"> 8. Would you agree or disagree with this statement: "DPA is helping to develop your desire for lifelong participation in physical activity"? Why/why not? 9. What is a major strength/weakness of the policy? 10. Would you consider the policy successful or unsuccessful?

Is there anything you would like to add to the interview data?

Would you like to ask me anything?

Appendix 8. List of possible DPA activities (courtesy of Terry Fox Secondary School)

Aerobics	Hiking/backpacking	Sailboarding
Aquarobics	Hockey	Sailboating
Archery	Hopscotch	Sculling
Athletics	Horseback riding	Skateboarding
Badminton	Hula hoop	Skating
Ballet	Ice hockey	Ski jumping
Baseball	Ice skating	Skipping
Basketball	Intramurals	Sky diving
Billiards and snooker	Judo	Snorkeling
BMX-Bicycling	Jogging	Snowboarding
Bobsledding	Juggling	Snowshoeing
Bocce	Kart racing	Soccer
Boogie boarding	Kayaking	Softball
Bowling	Korfball	Squash
Boxing/kickboxing	Lacrosse	Stationary bike riding
Broomball	Lawn bowling	Stretching
Calisthenics	Little athletics	Surfing
Canoeing	Marching	Swimming
Cardio machines	Martial arts	Table tennis
Circuit training	Motor cross	Tae Kwon Do
Circus skills	Motor cycle racing	Tai Chi
Climbing	Mountain biking	Ten pin bowling
Cricket	Mountain climbing	Tennis
Croquet	Netball	Trampoline
Cross country skiing	Orienteering	Triathlon
Curling	Paddleball	Typing (computer work)
Dancing	Paragliding	Underwater hockey
Diving	Pedometer	Unicycling
Downhill skiing	Pilates	Volleyball
Dragon boat racing	Polo	Walking
Eight ball	Pool	Water jogging
Equestrian	Racquetball	Water polo
Fencing	Ringette	Water skiing
Figure skating	Rock climbing	Weight lifting
Fishing	Rollerblading	Weight training
Football	Roller skating	Wheelchair sports
Four square	Rope jumping	Whitewater rafting
Frisbee	Rowing	Wind surfing
Gardening/lawn mowing	Rowing machine	Wrestling
Handball	Rugby	Yachting
Hang gliding	Running	Yoga

Appendix 9. Research summary document (Draft)

	<p>MANDATE OR EDUCATE? The need to (re)situate the approach to health in school</p> <p>Research Summary Document (Draft) October 2010</p>
	
	<p>Effective September 2008, it became a requirement for all children in public school to participate in physical activities. This report will share the response to the requirement – Daily Physical Activity (DPA) – and offer future implementation advice on behalf of a senior student population from a high school located in the Greater Vancouver Area.</p>

PREFACE

This document was created in collaboration with the senior student population at Terry Fox Secondary School in Coquitlam, British Columbia.

MANDATE OR EDUCATE?

The need to (re)situate the approach to health in school

Daily physical activity (DPA) in British Columbia

Effective September 2008, as a component of the Graduation Transition Plan, a high school student must partake in 150 min/week of moderate to vigorous physical activities in order to graduate. Participation in physical activities must occur outside of school and be recorded and monitored via an online database. School staff will validate DPA completion for each student prior to graduation and indicate status of completion on each report card. To date, the impact of the requirement and in particular, the influence on student participation in physical activities is unknown. The intention of this report is to present qualitative data from a grade 12 student population in the Greater Vancouver Area to examine the effectiveness of the requirement to maintain or increase participation in activities and discuss the potential for future implementation possibilities.

Data Collection

Data collection relied upon the critical review of (i) relevant provincial documentation from the Ministry of Education and ActNow BC, a provincial health initiative housed within the Ministry of Healthy Living and Sport, as well as (ii) semi-structure interview data from fourteen young people at Terry Fox Secondary School (School District 43, Coquitlam, British Columbia).

Student Sample

This report will present data from a unique student population at Terry Fox Secondary School in Coquitlam, British Columbia. The student population was found online due to their creation of a discussion board herein known as T-Foxblog. The intention of the online blog was to help one another navigate ambiguities inherent to the implementation of DPA as well as discuss other school-based reform. This online demonstration of student activism is needed in the development, implementation and evaluation of policies. This report will do the best to illuminate this voice and advocate for future student involvement in the school reform process.

PRESENTATION OF DATA

1. Definition of physical activities

The generous definition that this student population applied to activities done in fulfillment of the expectation would help legitimize student performance (or lack thereof) as oppose to entice additional participation.

- “Every move is a good move” (ActNow BC, provincial health initiative campaign slogan)
- “Daily Physical Activity (DPA) refers to physical activity that people do on a daily basis. DPA includes activities that help develop endurance, strength and flexibility.” (Ministry of Education, British Columbia, DPA Program Guide, 2008)

The province is able to fuel the expansive definition of activities and approach to participation inherent to the student sample with information made available to a student audience – whether within documentation or as a consequence to the campaign effort on behalf of ActNow BC.

I can count when I walk to the bathroom from class... or the fridge from the couch... yeah, I count that. (Mary, Grade 12)

I can fulfill this requirement but typically like it's not really going to make me any healthier. This requirement isn't really, it's not like exertion... it's like breathing really... it doesn't bring you any real benefit. (Fariha, Grade 12)

I would have practices and I'd have games and then someone else would be like, “Oh I bake cookies, that counts.” (Sara C., Grade 12)

As far as change goes, I'd say anything would be just the negative attitude. No one, I have not met anyone in favour of the policy. It's not well-organized at all, and I find that, no one really feels inspired. Everyone's just as physically active because I really believe that if you're active, you're active because you want to be and vice versa but I don't think it's been positively received whatsoever. (Ali, Grade 12)

One positive aspect to this expansive definition is that it is more inclusive and flexible and as such could entice participation from those that are otherwise not inclined to participate in a sport or fitness environment. Nevertheless, above all else, it did not maintain or increase student participation in physical activities and would rather rationalize the lack of an improvement.

2. Online surveillance

As oppose to increase student participation in physical activities, the requirement was said to increase the amount of time a student spent online. Further to this, the need to name a contact person was troublesome and there was wariness in the validation process.

You spend a lot more time worrying about it, writing it done, keeping track of it than you do actually doing the physical activity itself and being forced to write it down makes you almost not want to do it. (Matt, Grade 12)

I don't think that my lifestyle has changed that much. I just think, I just feel like it's more to do like it's just more to do with documenting this stuff but I don't think like with the reduction of foods from the cafeteria, I don't think that's changed my eating habits or anything like. (Shiloh, Grade 12)

The student population found it difficult to name a contact person or referee to authorize completion of the requirement. In fact, the expansive definition of activities was a hindrance in this case in that the requirement did not necessitate volitional participation and was rather dependent on spontaneous and natural activities, or those inherent to their regular routine.

So I guess my contact is the gym supervisor. I somehow doubt that if I am at the gym for an hour or two on Saturday that a week and a half later if they call her up, do you think she is going to remember me? I highly doubt it. (Justin, Grade 12)

There was also a bit of speculation as to whether or not one teacher would be able to check and validate the accurate completion of the requirement for the entire school – and in this sense, it was probable that a student would lie about her/his completion of the requirement.

Boron – Well, to be completely honest with you, everyone says “Oh you know, I did horseback riding for 150 minutes this week” or...

Interviewer – So you make stuff up?

Boron – Of course, everyone does. You just look through the list and say, “Oh you know, I did gymnastics.” (Boron, Grade 12)

Rather than increase participation, the student population found the easiest method to overcome the requirement or the best tactic of avoidance. It was a completion of the online report – regardless of the (in)accuracies – that was needed in order to graduate, not an authentic increase to or even appreciation for regular involvement in sport or fitness activities.

3. Need for additional opportunities for involvement

Zero opportunities created to support the implementation of the requirement either at school (e.g., open gym or new intramural activities) or within local communities (e.g., collaboration with local recreation centre). In addition to the lack of opportunities for this student population to

be more active, there was also a concern that the requirement – and in particular, the need to be more active – did not reflect the most prominent health concern of this population.

Boron – If they had the money, we probably could, have open-gym, like at lunch time, just time when you can go, whenever for free, you know. (Boron, Grade 12)

Like if we had to do like a physical activity course, like if it [DPA] involved that then I would understand, right because it actually makes a difference. Like I joined a fitness class [at school] and it, I've never been this fit before and like I think that is really taking action, not through like the computer and going on the internet and whatever. (Carol, Grade 12)

So you want to focus on encouragement, on education, and on creating opportunities. Opportunities that both allow just for the activity to be there, you want it to be a comfortable environment where you don't feel like you're being put down just by virtue of not being as good as them, and you want it to be a safe environment. Uh, and that, these goals can be reached through a mandatory PE program, providing it is changed so that it focuses on education and either if you have one general PE class, then you have to diversify so that people can get a bunch of different sports so people can find one that they like or have a couple different programs you can choose from, and then also, it can't conflict the schedule, the schedule is hard. (Justin, Grade 12)

The requirement does address a health problem from the perspective of the province but it does not consider the realities of the student population for whom it is intended. This student population did not believe that participation in physical activities was or should be a main health concern for the province.

I don't know, like I said, I just don't like how they assume that none of us are active when, when there is a huge portion of us are. (Will, Grade 12)

4. Absence of an educational component

Within provincial documentation, there is an expectation that the requirement will foster:

- The knowledge, attitudes, and positive habits needed to be healthy individuals, responsible for their own physical and emotional well-being (Ministry of Education, British Columbia, DPA Program Guide, 2008)

Further to this, online the Ministry will suggest that:

- Statistics document the fact that physical education and health courses alone are no longer enough to counteract the increasing temptations of an inactive lifestyle and unhealthy foods choices. (Ministry of Education, British Columbia [Web site], n.d.)

Nevertheless, the student population expressed a desire to incorporate an educational component to the requirement as it was felt that the expectation alone – to perform 150 min/week of activities – could lend to a positive health benefit.

They said exercise every day but if you take like the aerobics course you'll learn it's different from that to be healthy and happy and whatever and I think exercise brings you a lot, we just don't know enough about it to really value it... And we're not educated about what different exercises do, what aerobic exercises, and aerobics does for our bodies. How much of each we have to do to be healthy? Without that kind of stuff, like the knowledge to understand, it's kinda like, what's the point? (Fariha, Grade 12)

I think it is the way it's presented because when you are in Planning 10, it's like drugs kill you and smoking, you're going to die, and so like the kids who are smoking or experimenting with drugs they get scared and it is another way of scaring the kids into like stopping but I just [pause] the way they present it to us. (Dustin, Grade 12)

I would completely get rid of it personally... I don't know, like I said, I just don't like how they assume that none of us are active when, when there is a huge portion of us are... And the ones that aren't, they don't really want to do anything to change that, if they are happy with themselves then who are they to try to change them. (Will, Grade 12)

Forcing people to do it, you might at best, get them to do it while they're in high school and instill a hatred of physical activity which will last for the rest of their life, and they'll end up never doing it again, which is the exact opposite of what the program is trying to do. (Justin, Grade 12)

ALTERNATIVE POSSIBILITIES

1. Focus on existent physical and health education curriculum to improve deliverance of course content – i.e., adopt course or unit to reflect the demand/interest of the student population
2. Create a position on the Student Council, either a Student Physical Activities Coordinator (SPAC) or an entire club, to organize opportunities to partake in activities and also help deliver relevant health information (e.g., guest speaker or workshop) to the student population, Carol said:

Carol – I think that it would be a lot more fun and a lot more beneficial to the students if, you know, like Student Council, if we got them to, I am a part of it, got us to kind of like do a project where we, where we make posters around the school or we go to middle schools that are near us and kind of talk about health and physical activity and stuff.

Interviewer – That is a great idea.

Carol – Yeah. You know because that is where they start. You know the young kids because we are already going to university, we don't really count but the people who are younger than us like that's right, they are the future so uh we should start with them like even in elementary school, you know, just start from there and kind of let them know what it is instead of doing a DPA log when you get into high school... you know like what is it? (Carol, Grade 12)

3. Collaborate with recreational facilities and communities to provide discount passes, classes and/or opportunities that interest the local student population, take for example this idea from Mary to host a Farmers' Market:

Have the school talk to the farmers in the local area, and have the farmers' market in, like outside the school with fresh fruits and vegetables and everything. (Mary, Grade 12)

4. Utilize the financial support from ActNow BC to generate greater support in school to fund opportunities that young people see best fit with the need of their student population.

I mean I honestly think that the best way that the government could have helped is to just simply be to put in more money for these programs that do help people like practice healthy living. If we could have more money in all these different areas it would make people be able to facilitate their needs that much easier and I think that would be way more significant then writing down how you exercised each month. It's not always about recording it, it's about just offering the opportunities that people need, and yeah. (Ali, Grade 12)