Public Policy Processes and Getting Physical Activity into Alberta's Urban Schools

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ABSTRACT

Objectives: Public policies impact the amount of physical activity (PA) that children receive at school. These policies are of interest because overweight and obesity among Canadian children have grown at significant rates, and increasing PA among children is one way to reverse this trend. This research investigates the public policy processes that have resulted in Alberta's education system adopting in-school daily physical activity (DPA) and not supporting walk-to-school (WTS) initiatives.

Methods: Using the policy process described by Kingdon and others as a conceptual framework, this research reviews literature and documents on public policy relating to PA in schools and interviews key individuals (N=20) to identify the policy-related facilitators and barriers in Alberta, Canada to increasing PA in school-aged children.

Results: DPA was mandated because Kingdon's three policy streams (problem, solution and politics) became joined or linked. DPA was the most viable solution because literature supports and teachers believe in the educational benefits of PA. As well, a physician with personal beliefs about the benefits of PA became the minister of education and coupled the solution with the political stream through his ministerial power. Reasons that WTS programs have not become school or health policy include advocacy led by politically weak organizations, lack of a supportive policy entrepreneur and poor saliency among educators.

Conclusions: This research illuminates the inner workings of the policy process shaping PA in schools, identifying the unseen forces of the policy process that move issues forward. The findings provide valuable insight for building other healthy public policies.

Key words: Public policy; physical activity; schools

The amount of physical activity (PA) that children receive at school is impacted by public policies at several levels. These policies are of importance to public health because declines in average daily energy expenditure are a likely underlying cause of the increased prevalence of overweight and obesity among Canadian children.¹ In 1978/79, 12% of Canadian children and adolescents aged 2 to 17 were overweight and 3% were obese; in 2004, the respective percentages were 18% and 8%.² These changes represent an epidemic of obesity in Canada that is similar to those in other industrialized countries.³

Because schools are central in the lives of children, these institutions are ideal settings for increasing the amount of PA that children attain.⁴⁻⁶ Curriculum, facilities, staffing choices, and parent participation are all areas of policy that can impact the amount of PA received by students.

While both nutritional intake and PA influence body weight, some researchers see the solution to the obesity epidemic in the industrialized world in the promotion of active living.^{1,7-10} Active living involves increasing the amount of energy used in achieving day-to-day tasks. Increasing active transportation – that is, exchanging motorized transportation for walking, bicycling, scootering, skating, or skateboarding – is one means of achieving a more active lifestyle. Others have identified active transportation to school and the policies supporting it as an area for further research.^{5,6,11} Walk-to-school (WTS) initiatives such as the Walking School Bus (WSB) program have existed in isolated pockets in numerous countries in the industrialized world for over a decade.^{5,12} The WSB takes place outside of school instructional hours, yet bridges between the school and community settings. The WSB program is usually formed by a group of parents who create a roster and take turns escorting groups of children walking to and from the neighbourhood school along a designated route. Documented implementation of WSB programs has focused exclusively on community-initiated, parent-supported volunteer organizations. Although WTS initiatives have existed for many years and are very popular where they are implemented, they historically received little support from public policies.⁵ In more recent years, some

La traduction du résumé se trouve à la fin de l'article.

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In Alberta, a change in curriculum policy has increased the opportunity for children to be active at school. In 2005, thirty minutes of daily physical activity (DPA) was mandated in Alberta's schools for grades one through nine.¹⁵ DPA can include physical education classes as well as PA that is not tied to the learning outcomes for physical education. Alberta was the first jurisdiction in Canada to introduce compulsory DPA.

OBJECTIVES

This research explores the public policy processes that have resulted in public decision-makers in Alberta: 1) adding DPA to the school curriculum and 2) not adopting active transportation initiatives, such as the WSB, as policy options for increasing levels of PA in school-aged children as a means of addressing obesity. Although obesity is caused by energy intake from food exceeding energy expenditure through PA, the focus of this research is restricted to public policy related to the PA (energy expenditure) component of the obesity equation.

In this study, public policy related to PA in Alberta's urban schools is examined. In particular, the research illuminates the development of policy at the provincial, school board and individual school levels within the four largest school jurisdictions operating in the urban centres of Edmonton and Calgary. To compare a grassroots policy advocacy effort with top-down mandated policy, this study examines the newly adopted DPA initiative and WTS programs.

METHODS

Study design and procedures

This study comprises two phases: 1) the collection of secondary data about organizations with an interest in PA, and 2) a series of interviews. Information was gathered about the organizations in the policy community surrounding the issue of PA in the school setting from the organizations' websites. Policy documents such as mission statements were used to verify the organizations' interests in PA. Key policy and research documents were reviewed for

TABLE 1
Semi-structured Interview Guide

Agenda Setting: How problems come to the attention of decision-makers

- A1. Has increasing physical activity for school-aged children been discussed by your organization?
- A2. When did increased physical activity for school-aged children first come to the attention of your organization?
- A3. Who raised the issue with your organization (internal source or external source)?
- A4. How was the issue characterized and by whom?
- A5. What does your organization see as the cause of insufficient physical activity for children?
- A6. Were there competing perspectives on how the issue was characterized?
- A7. To what extent has it been linked to the larger issue of childhood obesity?
- A8. Have the two issues always been linked or has the linkage occurred more recently?
- A9. What do you think has led to the increased linkage between the two issues?
- A10. If increased physical activity in school-aged children and childhood obesity have not always been linked as issues, how was the issue (increased physical activity for school-aged children) previously characterized?
- A11. Why did your organization decide it needed to do something about physical activity?

Policy Formulation: How policy options are formulated

- B1. When did your organization come to see increasing physical activity for school-aged children as a problem it needed to do something about?
- B2. What range of actions to increase physical activity was considered at the time?
- B3. Where did the options come from (other jurisdictions, specific interest groups)?
- B4. Who within your organization developed the options?
- B5. Were any of the options competing with or at odds with one another?
- B6. Who presented the options and in what form (formal briefing, private meeting, public forum, media release...)?
- B7. Did your organization have prior experience with any of the options?
- B8. Were any of the options based on work from other jurisdictions?
- B9. Have any active transportation to school initiatives been considered? If not, why not?
- B10. Were any of the options based on successful solutions to other problems?

Decision Making: Why public decision makers adopt a particular course of action or non-action, and the criteria upon which this choice is based

NB: C1 through C6 to be posed to all organizations except Alberta Learning:

- C1. What did your organization choose to do?
- C2. Why did it choose to respond in that way?
- C3. Why did you reject other options?
- C4. Did your organization have knowledge of this solution working previously or in other jurisdictions?
- C5. How did government action/inaction contribute to your organization's response?
- C6. If an active transportation initiative such as the Walking School Bus program was considered, why was it not adopted?

NB: C7 through C10 to be posed only to Alberta Learning:

- C7. What is Alberta Learning seeking to achieve through the daily physical activity program?
- C8. Did this idea for DPA originate in Learning or Health, or somewhere else?
- C9. Has a similar project been successful elsewhere?
- C10. Given that the current evidence suggests that physical education classes don't provide enough physical activity for health, why did Alberta Learning choose Daily Physical Activity rather than other policy options such as active transportation or WSB?
- C11. Is Daily Physical Activity the only initiative being pursued to increase physical activity for school-aged children?
- C12. What other initiatives relating to the larger issue of obesity are targeted towards school-aged children?

comparison with perceptual data collected from stakeholders. The first author attended several topical seminars, symposia and policy sessions to identify key stakeholders significant to the issue.

A conceptual framework developed from the public policy literature formed the theoretical foundation for this research. The conceptual framework defined the inner workings of the policy process which shape public policy and provided a theoretically-based interview guide ensuring that all aspects of the policy process were discussed. In the analysis process, the framework provided the categories for coding the data.

The conceptual framework is based on literature relating to policy communities,

policy networks, and public policy processes. The policy community defines the actors in the policy process surrounding an issue and their likely roles.¹⁶⁻¹⁸ Policy networks further describe the actors based on the interactions that take place between them.¹⁶⁻¹⁹ Kingdon's idea of the three policy streams all moving concurrently is used to explain the complex series of events that was witnessed.²⁰ Kingdon views the public policy arena as comprised of problems, solutions, and politics, each of these streams being largely independent of the others and developing by its own dynamics and rules. Policy change is most likely to occur when the streams are joined or linked together. The forces that lead to the linking of streams

Figure 1. Diagram of the policy community for physical activity in Alberta schools

include the interests of actors; actors' ideas, values and beliefs; and the institutions surrounding them. Actors' interests, ideas and institutions as well as events in the policy environment were analyzed to identify why the three streams were linked in the case of DPA but not for WTS programs.

A non-probability purposive sampling technique was used to choose the sample from stakeholders involved in the policy processes directing Alberta schools on policies relating to the PA of students. Key individuals representing the provincial government ($n=4$), school boards and schools ($n=5$), parents ($n=2$), non-governmental organizations promoting childhood PA ($n=4$) and health professionals ($n=5$) were chosen because they had demonstrable experience and expertise in the policy processes surrounding PA.

Twenty semi-structured, one-on-one interviews were conducted. The manuscript's first author, having no personal relationships with any of the participants, completed the interviews and the primary analysis of the data. The second author participated in preliminary checking of data analysis to ensure consistency in interpretation of themes from the analytic framework. Ethics approval from a university-based ethics board was received.

The interviews gathered data giving insight into the policy processes in which

the participants were engaged by identifying the facilitators and barriers related to two means of increasing PA of students in the school setting: DPA and WTS initiatives. Questions were posed to determine the education and health systems' chosen solutions to increase PA within the school setting. Specific questions regarding WTS programs and DPA were asked. An interview guide with 33 questions directed the interviews (see Table I). While the interviews were free-flowing discussions, structure was maintained by using the guide to ensure all areas of questioning were discussed with each participant. Interviews ranged from 50 to 90 minutes in length and most were conducted at the participants' place of work.

Interviews were recorded and transcribed verbatim by a professional transcriptionist. A hard copy of the interview transcript was returned to each interviewee (4/20) who requested to see the document for verification; minor changes to wording were made to better reflect the concepts these participants were trying to express. Interview data were analyzed using NUD*IST N6 as a tool to group the data into themes based on the conceptual framework. Iterative reviews of the data continued until all data were compared with each aspect of the conceptual framework and were assessed for relevance. Saturation was reached

regarding both DPA and WTS as no new themes were emerging during analysis of the final interviews.

The data collected by both the review of secondary data sources (policy documents and websites) and the one-on-one interviews were aggregated and provided a description of the actors and their perspectives about the policy development process related to the introduction of PA in Alberta's schools and the lack of interest by decision-makers in WTS as a policy option. Further analysis was conducted by comparing collected data with additional literature to verify and qualify the perspectives expressed by the research participants. The views of the participants were consistent with those described in literature about the social determinants of health, sociological research about the role of the car in mature industrialized countries, and changes in the built environment resulting in urban sprawl.^{21,22,23} This process corroborated the data gathered in this research with that expressed in these other bodies of literature, thereby adding to the confirmability of the findings.²⁴ Data collected from the research participants are expressed in a summative form to capture the widely held perceptions of participants from the various groups. The theoretical basis of the conceptual framework is synthesized with the key learnings of the research and expands this from the case at hand to the broad practice of health promotion. Further details regarding the methods of this study are reported elsewhere.²⁵

RESULTS

Analysis of the policy community identified its members and their relative positions of influence on the issue of PA in schools. Pross describes the composition of a policy community by separating the members into the decision-making subgovernment and the influential attentive public.¹⁶ As depicted in Figure 1, Alberta's subgovernment includes the Ministry of Learning, key cabinet members and relevant school boards and schools. Outside of the subgovernment is the attentive public, comprised of the health and recreation ministries, the regional health authorities serving the cities, school communities and numerous special interest organizations. It includes individuals and organizations whose interest in the

issue is substantial but whose power is inadequate to warrant breaking into the inner circle. The attentive public maintains a perpetual policy review process on the decisions of the subgovernment.

This research showed that the adoption of DPA into the school curriculum was neither orderly nor stage-by-stage in fashion. From the perspective of some interviewees, the DPA 'came out of the blue'. It can be argued, however, that the policy process happened over a long period and its movement was almost imperceptible, so when DPA was announced it surprised many stakeholders. Actually, a number of policy events (summarized in Table II) had occurred, each supporting DPA, but none became broadly known to the general public. This is consistent with Kingdon's description of an idea 'bubbling around' and being considered and refined over a period of time.²⁰

Using Kingdon's streams model, it becomes clear why DPA has been implemented while WTS programs have not. The mandating of DPA into Alberta schools occurred because the three streams linked, as shown in Figure 2. The opportunity for the longstanding solution of DPA to be coupled with a problem arose as the general population recognized the magnitude of obesity in children. At the same time, a physician with personal beliefs about the benefits of PA took office as the Minister of Learning and linked the solution with the political stream through his ministerial power. He framed the issue of a need for increased PA in the school setting so that the solution highlighted benefits for the educators responsible for implementing the PA. The argument for DPA is backed by research showing daily physical activity improves educational outcomes. Equally influential as supportive research was the belief held by many teachers that time taken from academics and put toward PA does not diminish educational outcomes, but rather enhances them. These factors outweighed the fact that limited funding was allocated to the implementation of DPA and that the school curriculum was already very crowded. No requirement for formal evaluation and leaving many aspects of the implementation up to individual teachers were also important factors in minimizing the resistance to DPA by educators.

TABLE II**Timeline of the Policy Formulation of the Daily Physical Activity Initiative**

Date	Event
1984	The Health and Physical Education Council (HPEC) of the Alberta Teachers' Association tables position paper on daily physical education calling for 30 minutes of physical education per day in Alberta schools.
February 1995	Federal-Provincial/Territorial Ministers Responsible for Recreation and Sport recognize physical inactivity as a major health risk. They call for governments to make development of strategies to increase activity a priority.
1998	Alberta Community Development releases the Alberta Active Living Strategy with 23 recommendations, 6 aimed at schools.
September 2000	Ministry of Learning launches a new physical education curriculum that emphasizes the attainment of life-long active living.
September 2001	The Coalition for Active Living reports that physical activity in Canada had declined because physical activity in schools had been cut drastically and school facilities had been poorly maintained.
December 2001	The Mazankowski Report on health reform in Alberta calls for Alberta students to have the opportunity for regular exercise as part of every school day.
November 2002	The Romanow Report on the future of health care in Canada is released and includes a recommendation that calls for the increasing of time devoted to physical education and sport in schools.
August 2003	Minister of Learning announces the Daily Physical Activity Initiative for Alberta students.
October 2003	Alberta's Commission on Learning recommends a new wellness program for all students that includes daily activity to encourage children to adopt a healthy lifestyle.
September 2005	The Daily Physical Activity Initiative is launched in Alberta schools for kindergarten to grade nine, giving students 30 minutes of physical activity each school day.

TABLE III**Key Findings**

3 Streams Linked in Favour of DPA	<p>The 3 streams linked because:</p> <ul style="list-style-type: none"> • Awareness of the problem of insufficient physical activity grew • The solution of DPA became supported by evidence that it improved learning of students • Educators believe in the value of DPA to improve learning outcomes • Minister of Learning used his political position in education and knowledge of health to couple the problem and the solution.
Problems that DPA May Face in the Future	<ul style="list-style-type: none"> • No evaluation of outcomes has yet been done • DPA is not well monitored within the school system, so there is no accountability for its implementation • DPA is not well resourced, so tight budgets may cause its demise • Adding DPA to the curriculum cannot address underlying social causes of the problem of insufficient activity – political will is needed for social change.
An Alternative Framing for WTS	<ul style="list-style-type: none"> • Link WTS to an idea in good currency, i.e., the reduction of greenhouse gas emissions • Improve the feasibility of WTS by modeling it on the existing school bus system • Advocates should seek institutional changes in government to increase cross-departmental accountability between education and health.
Application of Learnings to Other Health Promotion Issues	<ul style="list-style-type: none"> • Conduct research and data analysis to frame the issue in a salient manner, seek to understand the values and beliefs of decision-makers • Introduce solutions to the communities of interest so that it can be refined over time by their input • Identify or recruit a champion or policy entrepreneur to manoeuvre through the political stream • Be prepared to act when a policy window opens – be alert for the opening of both predictable and unpredictable windows as well as problem and political windows.

Kingdon²⁰ states that new or innovative solutions are more taxing on the capacity of a system. By keeping DPA as similar as possible to existing curriculum, the minister avoided straining the education system's capacity. Because they have offered physical education for decades, all schools have the physical plant, equipment and pedagogical knowledge base to implement DPA; the largest budget expense for schools is teachers. By using teachers already on staff, schools did not need to incur large costs for DPA.

The Minister of Learning who implemented DPA can be considered either a policy entrepreneur as defined by Kingdon²⁰ and Mintrom,²⁶ or a policy opportunist as defined by Weissert.²⁷ Characteristic of a policy entrepreneur, the minister had expertise on the issue – in this case, obesity – from his medical training. His position as minister allowed him to introduce the new policy of DPA in schools. He may have lacked the policy entrepreneur characteristic of investing a great deal of personal effort

Figure 2. Kingdon's policy streams for DPA and WTS

over an extended period of time to advance his issue. Likely, he saw the policy window opening as concern grew among the public to address the problem of childhood obesity, and acted when the opportunity presented itself. This gives him the appearance of a policy opportunist taking advantage of an already 'softened up' system, that is, one that is used to the new idea²⁰ and prepared to accept the DPA solution as presented. Either way, it appears he used a combination of his medical knowledge and his political position to make DPA a reality in Alberta's schools.

There are concerns about the ability of schools to implement DPA and the shortages of resources to do so that will likely impact the outcomes achieved by DPA.²⁸ However, these issues were outside of the focus of the current research. While the future may show that the outcomes of DPA may not all be positive, the fact remains that the DPA initiative has been mandated by the government, which is far more support than WTS initiatives have received.

Unlike the conditions that linked the streams and allowed DPA to become the

accepted policy, the conditions have not existed for the streams to be linked in favour of WTS programs (see Figure 2); as a result, WTS has not become a widespread part of school or health policy. Advocacy for WTS initiatives is conducted by not-for-profit organizations that are politically weak and that operate outside of decision-making circles of the subgovernment. The organization promoting WTS in Alberta is small and puts most of its work into encouraging and delivering programs at the local level. It lacks the support of decision-makers and policy influencers within the education system. No politically well-placed policy entrepreneur has come forth to champion the idea. While there have been individuals working at various levels to promote WTS, clearly none have had the power or influence that the Minister of Learning had in moving forward DPA.

Advocates of WTS programs have not framed the problem in a salient manner, an essential part of successfully advocating for policy change. In an attempt to appeal broadly, the problem has been given a fragmented description (i.e., obesity in children, car congestion around schools, and environmental concerns related to vehicles) that is not salient enough to garner support in the school system, except in a few locations. While the solution could be popular because of its low costs and no impact on curricular time, it has several shortcomings. Walking is not a solution for all students. Because of the size of neighbourhoods served by a school or the open boundaries policy of school boards, not all children live within a reasonable walking distance to their school. When a solution is not feasible for the entire target population, it is less likely to be adopted as a policy.²⁰ Also, the capacity of most school communities is insufficient to handle the organization of WTS programs. Because the responsibility for travel to school is ambiguous (schools provide buses for some students but parents are responsible for the transportation of others), the school system does not offer assistance for WTS initiatives. These difficulties have prevented the three streams from linking in favour of WTS, thus preventing it from being accepted and implemented. Furthermore, there is a lack of evidence in the literature stating that PA associated with walking to

school provides health or learning benefits to students.

Limitations exist with this study design. In recruiting participants with knowledge and expertise in PA in the school setting, the sample may have become biased toward individuals with favourable attitudes toward PA, excluding those with other opinions. Also, to maintain the anonymity of study participants, it was necessary to restrict the use of direct quotes in the presentation of the results.

CONCLUSIONS

Given the influence that public policy has on PA levels of children, increasing understandings of the workings of the public policy processes is central to improving opportunities for PA in fighting the obesity epidemic. DPA succeeded as a policy option because an education sector solution was joined with a health sector problem. When DPA was introduced, there was sufficient awareness of the health problems facing children because of insufficient PA. Research existed showing that time assigned to DPA rather than academics improved educational outcomes. This evidence aligned with the beliefs held by many teachers, thus securing their support. Furthermore, the Minister of Learning used his political position within the education system and his knowledge of the health consequences of the problem (insufficient PA) to couple the problem with the solution (DPA).

For WTS to be adopted as a policy solution, advocates must be prepared to link WTS to a high-profile problem, thereby making it an idea in good currency. Seeking ways to increase the feasibility of WTS could improve its likelihood of adoption. As well, if the government worked cross-ministerially, linking the mandates and sharing the responsibility for the PA of children between the departments of health and education, the optimal outcomes in both health and learning are more likely to be achieved. Key findings are summarized in Table III.

Analysis of this case offers relevant insights for health promotion practitioners and policy-makers concerned with building healthy public policy of many different types in a variety of settings. Advocates of a health promotion solution should conduct

research to understand the values and beliefs of decision-makers in order to frame the issue in a salient manner. Identifying or recruiting a champion or policy entrepreneur to maneuver the issue through the political stream can be very beneficial. Finally, advocates must be prepared to act when a policy window opens. Increased capacity in these areas will enable more effective development of healthy public policy.

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RÉSUMÉ

Objectifs : Les politiques publiques ont une influence sur l'activité physique des enfants à l'école. Ces politiques nous intéressent du fait que le surpoids et l'obésité augmentent beaucoup chez les enfants canadiens, et qu'accroître l'activité physique chez les enfants est un moyen de renverser cette tendance. Nous avons étudié les processus de politiques publiques qui ont poussé le système d'éducation de l'Alberta à adopter l'activité physique quotidienne (APQ) à l'école au lieu des initiatives encourageant les enfants à se rendre à l'école à pied (EAP).

Méthode : En utilisant comme cadre conceptuel le processus de politique décrit entre autres par Kingdon, nous avons examiné les articles publiés et les documents de politique publique liés à l'activité physique dans les écoles et interrogé des informateurs (N=20) afin de repérer les éléments des politiques qui facilitent ou qui entravent l'augmentation de l'activité physique chez les enfants d'âge scolaire en Alberta, au Canada.

Résultats : Le choix s'est porté sur l'APQ, car elle réunissait les trois courants distingués par Kingdon (les problèmes, les solutions et la politique). L'APQ était la solution la plus viable, car les avantages éducatifs de l'activité physique sont attestés dans les articles publiés et admis par les enseignants. De plus, un médecin personnellement convaincu des bénéfices de l'activité physique est devenu ministre de l'Éducation et a « couplé » cette solution avec le courant de la politique grâce à son pouvoir ministériel. Les raisons pour lesquelles on n'a pas intégré de programmes d'EAP dans les politiques scolaires ou de santé sont les suivantes : l'EAP est défendue par des organismes politiquement faibles, elle ne bénéficie pas de l'appui de hauts fonctionnaires, et elle ne jouit pas d'une grande visibilité parmi les enseignants.

Conclusion : Cette étude met en lumière les rouages internes du processus de formulation des politiques qui régit l'activité physique dans les écoles en repérant les forces cachées du processus qui font avancer certains dossiers. Nos constatations donnent des idées précieuses pour l'élaboration d'autres politiques publiques favorisant la santé.

Mots clés : politique publique; activité physique; écoles

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