



**Collaborative Work for Supportive Environments:
A Story of Healthy Kids Community Challenge
in Burlington – Part 2
June 2017**



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This paper was written as part of the local evaluation of Burlington's Healthy Kids Community Challenge Project (HKCC). HKCC is funded by Ontario's Ministry of Health and Long-Term Care.

Many thanks to all the contributions of community partners and volunteers who have made this collaborative project possible.

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Collaborative Work for Supportive Environments: A Story of Healthy Kids Community Challenge in Burlington

Introduction to Ontario's Healthy Kids Community Challenge

Healthy Kids Community Challenge (HKCC) is an Ontario Ministry of Health and Long-Term Care initiative with the goal of supporting the well-being of our children. It aims to create communities where children find it easy to lead healthier lives. There are 45 communities across Ontario participating in the HKCC, all focused on children aged 0 to 12 years and their families. These communities receive resources from the Province including funding, training, and social marketing tools to help promote:

- Healthy eating
- Physical activity
- Healthier childhood behaviour and habits



The HKCC is one segment of Ontario's Healthy Kids Strategy, a cross-government initiative to promote children's health. There are four main principles:

1. **Focus on healthy kids:** Strategies that target risk factors for unhealthy weights - including improving nutrition and physical activity - will benefit all children.
2. **Focus on positive health messages:** The project's themes encourage active, healthy living.
3. **Recognize that most healthy kids live in healthy families, schools, and communities:** Strategies will focus not just on children but on parents and the broader community.

4. **Support health equity:** Support population level interventions tailored to reach vulnerable populations most at risk.

The Healthy Kids Strategy is based on three pillars:

1. **Healthy Start** - supporting healthy pregnancy and children in their early years to build the foundation for healthy childhood and beyond
2. **Healthy Food** - initiatives to promote healthy eating, achieving healthy weights, and achieving healthy childhood development
3. **Healthy Active Communities** - building healthy environments for kids in their communities¹

In Ontario, nearly a third of children and youth are overweight or obese, conditions that can result in chronic diseases like diabetes, cancer and heart disease. Overweight and obesity is caused by an imbalance between food and beverage intake and physical activity. A range of influences contribute to this imbalance; these individual, family, community, and society-level influences begin before birth and continue throughout childhood. A comprehensive, collaborative approach is required to address this significant public health issue.²

Using the Key Tenants of the Ensemble Prévenons l'Obésité Des Enfants (EPODE) Model for HKCC

The HKCC initiative is based on a European obesity reduction model called Ensemble Prévenons l'Obésité Des Enfants (EPODE), which has its foundations in France. The four pillars of *EPODE* methodology are:

1. **Political commitment:** Gaining formal political commitment at central and local levels from the leaders of the key organization(s), which influence national, federal or state policies as well as local policies, environments and childhood settings;
2. **Resources:** Securing sufficient resources to fund central support services and evaluation, as well as contributions from local organizations to fund local implementation;
3. **Support services:** Planning, coordinating, and providing the social marketing, communication and support services for community practitioners and leaders;
4. **Evidence:** Using evidence from a wide variety of sources to inform the delivery of *EPODE* and to evaluate process, impact and outcomes of the *EPODE* program.³

The *EPODE* process is grounded in health equity. Health equity means that all people can reach their full health potential and should not be disadvantaged from attaining it because of

¹ Healthy Kids Panel. *No Time to Wait*. ON: Queen's Printer for Ontario. February 2013.

http://www.health.gov.on.ca/en/common/ministry/publications/reports/healthy_kids/healthy_kids.pdf

² Ontario Agency for Health Protection and Promotion (Public Health Ontario). *Addressing obesity in children and youth: evidence to guide action for Ontario*. Toronto, ON: Queen's Printer for Ontario; 2013.

³ Borys, J.-M., Le Bodo, Y., Jebb, S. A., Seidell, J. C., Summerbell, C., Richard, D., ... the EEN Study Group. *EPODE approach for childhood obesity prevention: methods, progress and international development*. *Obesity Reviews*, 2012. 13(4), 299–315 <http://doi.org/10.1111/j.1467-789X.2011.00950.x>

their race, ethnicity, religion, gender, age, social class, socioeconomic status or other socially determined circumstance. Health equity involves the fair distribution of resources needed for health, fair access to the opportunities available, and fairness in the support offered to people when ill. While striving to improve health outcomes for all population groups, the pursuit of health equity seeks to reduce the excess burden of ill health among socially and economically disadvantaged populations.⁴

Ontario's Ministry of Health and Long-Term Care serves as the centralized support for the HKCC project. The Ministry facilitated the formation of a scientific research panel to provide research and evidence for the 45 local communities. This helped to ensure an evidence-based approach is used in planning. Public Health Ontario is responsible for the process and outcome evaluation for the project. Public Health Ontario is collecting process data from all 45 communities via Action Plan reports, Local Project Manager in person training survey, Local Project management and Steering Committee surveys, and key informant interviews. The Outcome measures include the Parent Computer Assisted Telephone Interviews (CATI). This entails a telephone survey with parents inside and outside of HKCC communities. The data is collected on two separate occasions (November 2015 and at or near the end of the HKCC program). The other information for the outcome evaluation will come from existing data (Ontario Student Drug Use and Health Surveys (OSDUHS) and, Electronic Medical Records Administrative Linked Database (EMRALD)). Public Health Ontario piloted the collection of Body Mass Index data as part of the outcome evaluation but found that the methodology was not viable. The evaluation results for the HKCC project are being analyzed at a Provincial level.

The Ministry of Health and Long-Term Care has provided three years of funding to the 45 communities. With recommendations from its scientific research panel, the Ministry of Health and Long-Term Care, launched a new theme related to physical activity or healthy eating every nine months. Physical activity and healthy eating are two protective factors associated with healthy weight in children. The HKCC project is an upstream initiative, with a focus on prevention and health promotion rather than treatment. The three themes for the project are:

- *Run.Jump.Play.Everyday*
- *Water Does Wonders*
- *Choose to Boost Veggies and Fruit*

The expectations for each of the local HKCC projects are:

- Identify one or more target populations in their community

⁴ National Collaborating Centre for Determinants of Health. *Let's Talk Health Equity*. http://nccdh.ca/images/uploads/Lets_Talk_Equity_English.pdf Retrieved September 10, 2016.

- Seek the support of a local champion (suggested as a local politician)
- Hire a local project manager who develops a cross-sectoral Steering Committee, which guides the project and facilitates local collaboration
- Use the evidence provided by the scientific research panel along with other local data collected by the Local Project Managers and partners
- Submit an action plan based on an ongoing community needs assessment that asks the following three questions:
 - What assets does your community have that you can build on or leverage?
 - What are the current challenges related to the topic or theme?
 - What opportunities are there for working together to address the challenges?

Local communities were asked to implement their action plan (as approved by the Ministry of Health and Long-Term Care). The plan deliberately highlighted the most vital problems, issues, and remedies posed in the specified theme. Thus, it entailed a common social marketing approach across the 45 communities. Local Project Managers also provided the Ministry of Health and Long-Term Care with action plan reports and financial monitoring on project procedures, processes, and outcomes, via the evaluation plan administered by Public Health Ontario.

Building Healthy Communities Through the Power of Collaboration

The intended health outcomes for the children and families engaged in each of the 45 communities are significant reduction in the level and spread of obesity and attaining active, healthy living for children. Intersectoral collaboration is interwoven throughout the HKCC project activity. This process of collaboration has enabled us to build and empower communities; and to create relationships that last beyond the HKCC project. Such projects contribute to the broader goal of a truly healthy community.⁵

Healthy Communities/Healthy Cities is an international movement that involves thousands of projects, initiatives, and networks around the world. Using a Healthy Communities approach means taking a holistic view of communities. As with the HKCC project, a Healthy Communities project is based on multi-sectoral collaborations that consider all the social determinants of health and work to strengthen community capacity to promote and sustain health.

This reflection paper is the story of the power of collaboration for a healthy Burlington. It highlights the collaborative effort during the second HKCC theme, *Water Does Wonders*. This reflection documents stakeholder’s engagement, efforts to increase access to physical activity opportunities, increased awareness amongst families about the importance of physical activity

⁵Ontario Healthy Communities Coalition. *What Makes a Healthy Community?* <http://www.ohcc-ccso.ca/en/what-makes-a-healthy-community> Retrieved December 13, 2016.

and healthy eating, and the development of supportive environments to sustain children's opportunities for physical activity and for families to be active together.

Burlington's Approach to Healthy Kids Community Challenge (HKCC): Strong Neighbourhoods

Burlington Target Populations

The HKCC project is designed to be a universal project, intended to reach children aged 0 to 12 years and their families in Burlington, but with special consideration of two target population groups: families living in low income and newly arriving families.

The City of Burlington is an affluent community with a higher than provincial median family income of \$101,090. Nevertheless, there are some 3300 impoverished families in Burlington according to the After Tax Low Income Measure (LIM-AT). There are nearly 3500 "working poor" (impoverished, but economically active) in Burlington.⁶ Their condition and existence is often hidden, leaving them with a sense that they have been marginalized.

The high cost of living, (including housing, food, transportation, child care, and medication) is an ongoing stress for low-income families. Fee for service recreation such as active programming and sports become strong barriers when weighted against feeding your family, paying the rent, and other activities such as recreation through sports, music, and dance.

⁶ Community Development Halton. *The Working Poor*, Community Lens #103, May 2015.

Legend

 NAT boundaries

% children

by CT

 4% - 6.6%

 6.7% - 8.5%

 8.6% - 10.3%

 10.4% - 16.4%

 16.5% - 29.2%

 zero or no data

children

by CT

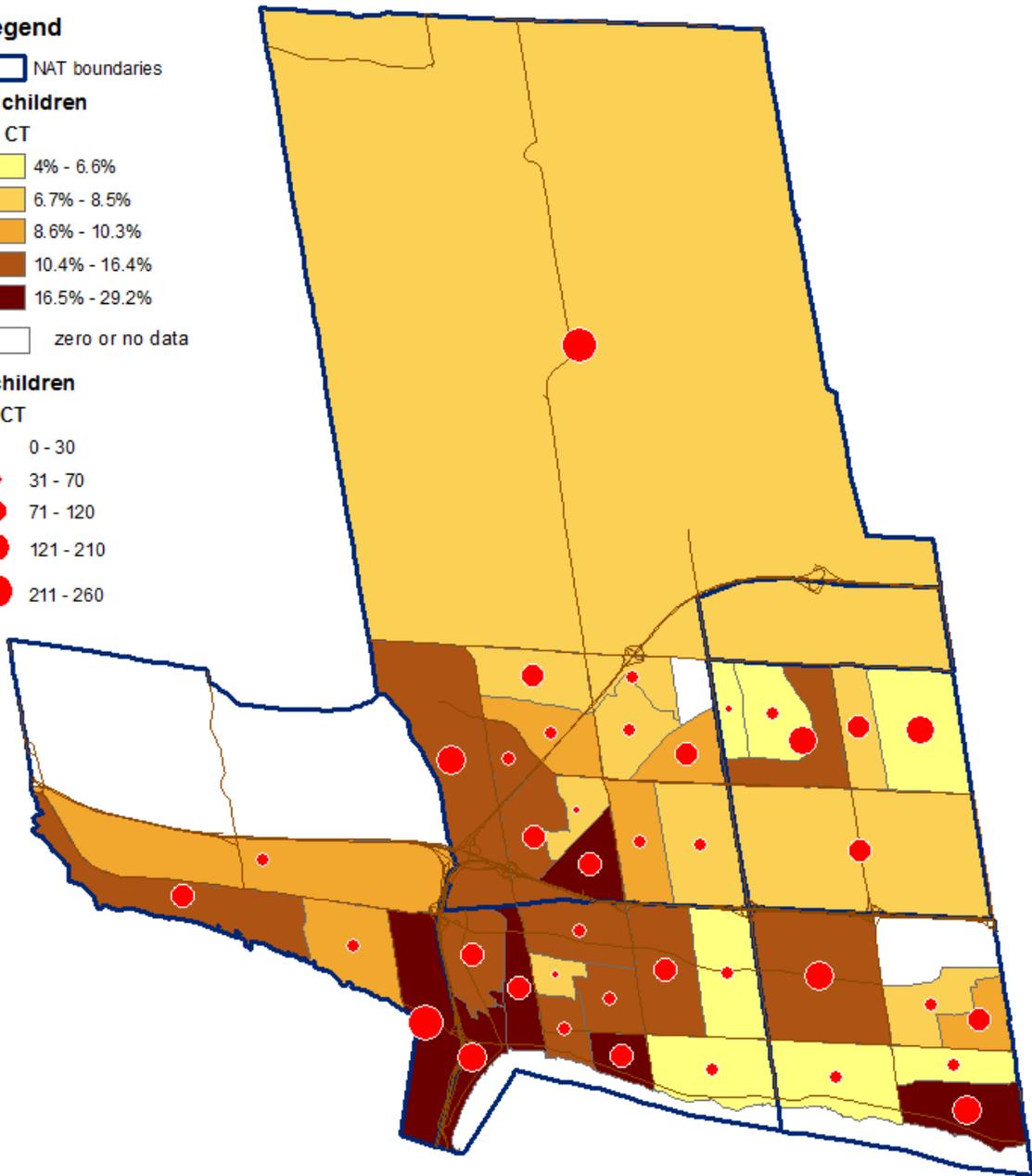
 0 - 30

 31 - 70

 71 - 120

 121 - 210

 211 - 260



Source: Statistics Canada, Taxfiler data 2012

Prepared by Community Development Halton, 2016

Map 1. Children (0-17) in low income families by Census Tract, City of Burlington, 2012

From 2006 to 2013, “the number of low income families in Halton has grown twice as fast as the number of families (35.7% versus 17%). The 2008-2009 global recession triggered a jump in the proportion of low income families. Four years after that recession, statistics show that many low-income families are still trapped in poverty while other families are forced into a similar dire financial situation”⁷. For Burlington, there was an 11% increase in low income families between 2006 and 2013⁸.

According to Statistics Canada, immigrants who migrated to Canada during the five-year period prior to a census, were defined as recent immigrants. In the 2011 National Household Survey, recent immigrants were defined as people who moved to Canada between 2006 and 2011⁹. From 2006 to 2011, “Halton received about 14,500 immigrants representing about 11% of the total immigrant population”¹⁰. In addition, approximately one-quarter (25% or 3,690) of Halton’s recent immigrants lived in Burlington, which represents around 10% of the City’s total immigrant population.¹¹

Using a health equity approach ensures that those groups with barriers to programs and services have access to all HKCC programs, resources, and activities. Burlington’s HKCC project reduces barriers through the adoption of a neighbourhood approach. This helps to assure better local delivery of truly accessible programs, services, information, and campaigns.

Burlington HKCC: Neighbourhood Action Teams (NAT)

Following the EPODE model, the project formed a multi-sectoral Steering Committee. It includes the following partners:

- The City of Burlington, Parks and Recreation (Co-Project Manager)
- Community Development Halton (Co-Project Manager)
- Halton Region Public Health Department representatives
- Burlington Public Library
- Halton District School Board
- Halton Catholic District School Board
- Our Kids Network (OKN)
- YMCA of Hamilton/Burlington/Brantford
- Reach Out Centre for Kids (ROCK) – Ontario Early Years Centre

⁷ Community Development Halton. *Growing Number of Low Income Families*, Community Lens, #112, May 2016, p. 1.

⁸ Ibid., 2.

⁹ Community Development Halton, *Social Profile of Halton*, 2014, p. 47.

¹⁰ Ibid., 47.

¹¹ Ibid., 47.

- Heart and Stroke Foundation
- Halton Multicultural Council Connections
- Representative for Champion, the mayor of the City of Burlington
- A representative from each of the five Neighbourhood Action Teams (NAT)



A key element of the role of Steering Committee members is to link the project with their organizations, and to help garner support for the overall project within them and their particular milieu. The Steering Committee members provide guidance and expertise for the project; for example, providing information about how to ground the project in a health equity model, using the health-promotion model. Or, specific information on topics such as nutrition.

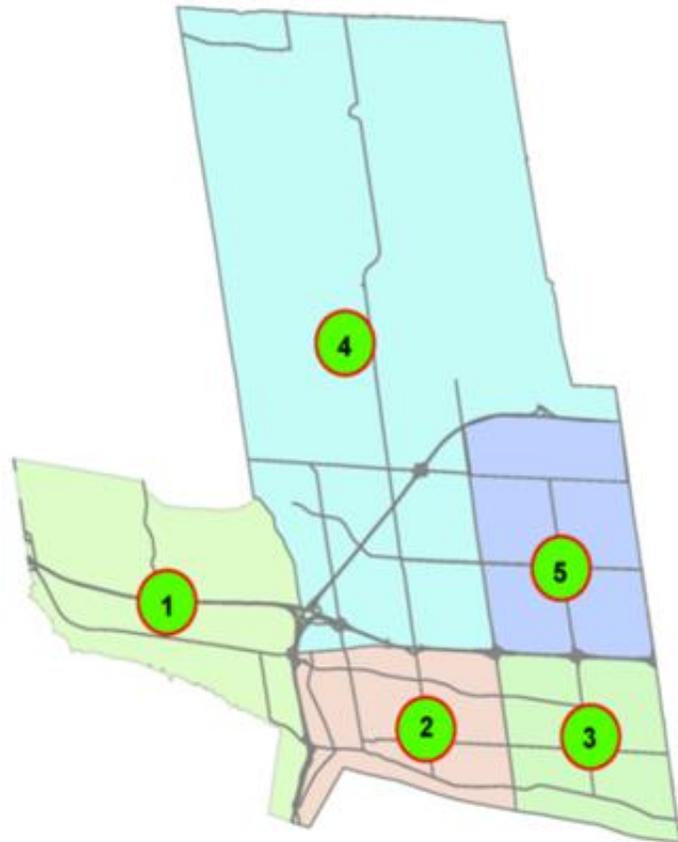
The Steering Committee considered and agreed to move forward with the idea of implementing intersectoral collaboration in five neighbourhoods. This initiative aimed to create opportunities for local community members and agencies to be empowered by working together, learning more about their neighbourhoods, its assets, and its challenges.

Research suggests that it is very difficult to define just what constitutes a neighbourhood.

... neighbourhoods rarely fall into formal political boundaries or official catchment areas. While having a geographic dimension, they are also defined by the lived experience of residents.¹²

¹² Leviten-Reid. *Asset-based, Resident-led Neighbourhood Development*. The Caledon Institute of Social Policy, 2006 p. 5.

For this particular end, the HKCC disaggregated the City of Burlington into five “neighbourhood” areas. Each area had an Neighbourhood Action Team (NAT) working together to strengthen areas that support HKCC activities (See Map 1). The boundaries were identified based on community understanding of social and physical geography. These boundaries are defined by groups in communities referring to areas they are working in independently or together (service areas), as well as other natural areas that communities associate with, or have grouped together. In addition, for the purposes of socio-demographic analysis of “neighbourhoods,” the areas had to comply with some data limitations.



Map 2. HKCC Neighbourhood Action Team Boundaries

HKCC staff convene regularly with NATs to ensure that community members and other local stakeholders become directly involved in guiding the development and implementation of Burlington HKCC Action Plans. In pulling people together in this format, the project has also intentionally invested in creating local networks to leverage expertise, access resources, and create conversations that encourage collective participation and action.

Neighbourhood Action Teams make evidence-based decisions, solve local problems, and work together to create opportunities for children and their families for healthy active living. Through this process partners have been:

- Sharing common health promotion messages about active and healthy living
- Increasing child and family knowledge about how to make changes for active and healthy living
- Leveraging current programs and, where necessary, creating new ones that help support changed behavior to achieve active and healthy living
- Developing supportive environments that promote and enable healthy behaviour change

By working together in neighbourhoods, the HKCC project is contributing to developing strong connections that should lead to healthy neighbourhoods and partnerships. The objective is to ensure these initiatives will last beyond the duration of the Burlington HKCC project.

Introduction to Theme Three: Water Does Wonders Interventions

Theme One: *Run.Jump.Play.Everyday* allowed the Burlington community and its partners a great deal of latitude in the interventions that were pursued as the HKCC project was developed and rolled out across the community. Theme Two: *Water Does Wonders* provided a narrower topic for the community to tackle. However, the creativity of the community and the desire to create supportive environments for children and their families once again became evident, as the Steering Committee and the five NATs began to plan, and implement, Theme Two.

The Ministry of Health and Long-Term Care provided this overview for the 45 Healthy Kids Community Challenge (HKCC) Communities:

This theme encourages kids and families to drink more water. Water is the natural and free choice for kids to stay hydrated. In turn, healthy hydration is an important component of healthy eating as a whole.

During Theme Two, communities will be working to support healthy hydration for children and families through campaigns, policies, programs, and environmental supports. Communities have an important role to play in educating families about healthy drink habits and choices. Communities can also contribute by making fresh drinking water easy to access and appealing wherever kids spend time.

Water is essential for good health. It is also a simple, convenient, and low-cost option for quenching thirst. Let's encourage kids and families to make water their first choice to drink with meals and throughout the day.¹³

Using the same process as carried out in Theme One, the Steering Committee and the five NATs relied on the community needs assessment process to define: assets, challenges, and opportunities for working together to create a series of interventions that were approved by the Ministry of Health and Long-Term Care. The following subsections describe each of the interventions for Theme Two.

¹³ Healthy Kids Community Challenge. *A Guide for Local Project Managers, Water Does Wonders*, Queen's Printer for Ontario, July 2016.

Program Sites: Healthy Kid Schools, Child Care Centres, Preschool Programing and Afterschool Programs

The Healthy Kids sites have been the largest focus during Theme Two. This intervention was designed to reach children and specifically children from the target populations of those living in low income families and newcomers through:

- Five elementary schools
- Nine afterschool programs
- Five child care centres
- Four community sites that reached preschool children and their families



**5 festive ways
to drink water**

- 1- "Melted Snowman" water refill station
- 2- Red & green infused water, like berries and lime.
- 3- Holiday themed drinking cup.
- 4- Colourful paper or plastic Straws for sipping.
- 5- Ice Ice, Baby. Bright Reusable ice cubes.

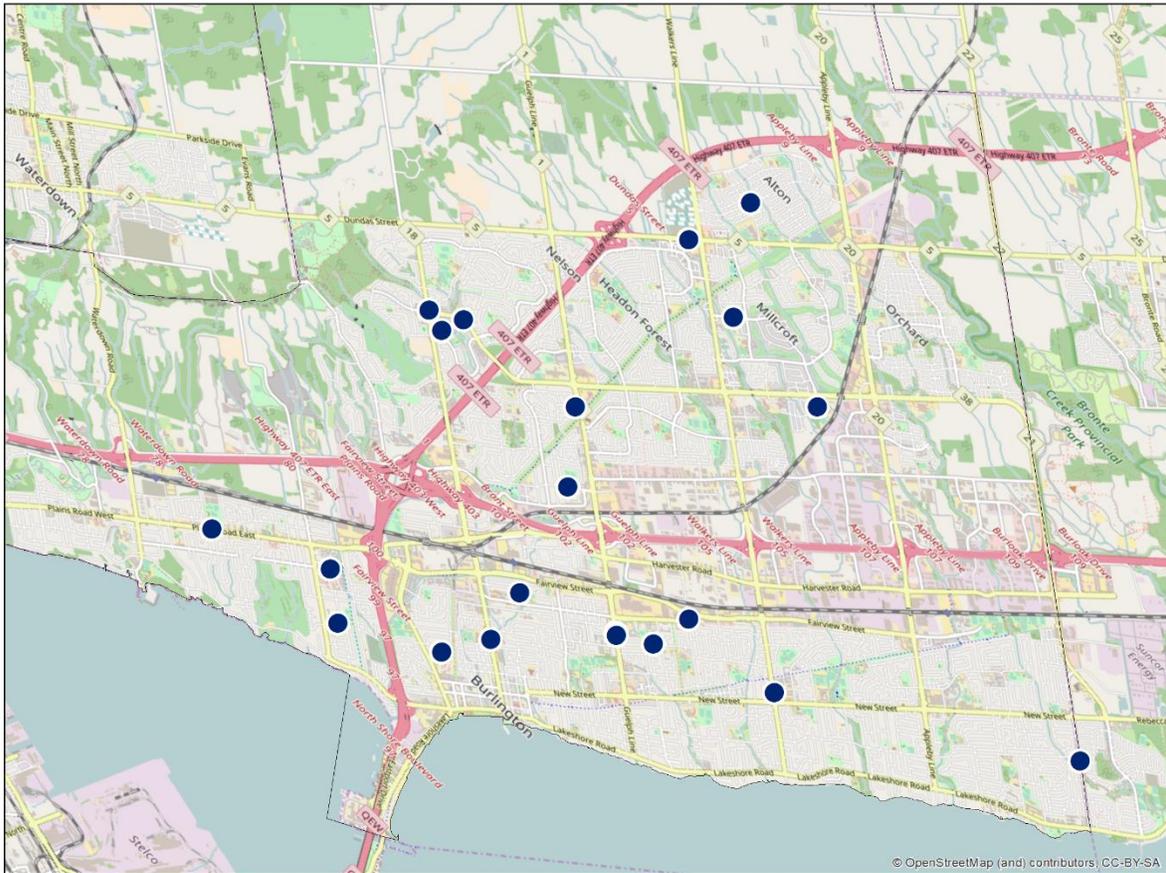
Happy holidays from Chillzone, NBT & North BurLINKton



In each case, the program site was provided with a tool kit developed by the HKCC Team, with feedback from Public Health Partners. Each kit contained a series of lessons and/or activities, background information on the *Water Does Wonders* messaging, posters, activities, and other

resources. The Program developed activities and disseminated information based on material provided by the Ministry of Health and Long-Term Care. In addition, it worked to adjust the material to health education curriculums.

Although each site reached out to a somewhat different target population, the materials consistently provided the same message about the importance of drinking water and reducing sugar-sweetened beverage intake. Each site was given flexibility to adapt the materials, where necessary, to make them better suited to their social environment.



Map 3. Location of Program Sites

Education Campaign

The program not only promoted education on the importance of water through the Healthy Kids Sites noted above, but also through social media, a long string of community events, speaking engagements, and festivals. To beef up its support of the Halton Food for Thought with the Great Big Crunch,¹⁴ the HKCC produced a video. The HKCC Neighbourhood Support Workers held a winter scavenger hunt that got some families outside exploring where they could refill their water bottles and stay active together.

Working with other Healthy Kids Community Challenge Communities, Burlington collaborated to develop a *Water Does Wonders* website for families and organizations to pledge to drink more water and less sugar-sweetened beverages. The Hamilton HKCC project took the lead. It promoted a website through social media, schools, Healthy Kids Sites, the Healthy Kids Child Care centres, the Ontario Early Years Centre (OYEC), the Burlington Public Library, and Community Challenge events.¹⁵

Increasing Access to Water through *Blue W*

Along with other Healthy Kids Community Challenge programs across the Province, the Burlington program partnered with an online initiative called *Blue W*. It is:

...a unique community-based program dedicated to promoting municipal tap water as a healthy, easily accessible alternative to purchasing bottled drinks. We provide mapped details on where to find clean, free, public, and commercial sources to fill your reusable bottle without compelling you to make additional purchases.¹⁶

During the planning process for Theme Two, the Project initiated a dialogue regarding the importance of increasing community access to water; for example, a family needing to refill water bottles during a hike around or near the community. Increased access to tap water would make it easier to make water the first choice for hydration over a sugar-sweetened beverage. The online map found on the *Blue W* website pinpoints public facilities, local businesses, faith groups, and nonprofit organizations that offer access to tap water.

Neighbourhood Action Teams: Community Challenges & Neighbourhood Water Projects

Community Challenges

Once again, the Neighbourhood Action Teams (NAT) have played a key role in the Burlington HKCC project. Each NAT made recommendations for Theme Two through the ongoing community needs assessment process. Each NAT also worked together to develop a Community Challenge that promoted *Water Does Wonders*. The purpose of the Community Challenge was to share

¹⁴ For more information on the Great Big Crunch see, <http://www.haltonfoodforthought.com/the/> To watch the Great Big Crunch video see <http://www.healthykidsburlon.ca/the-great-big-crunch/>

¹⁵ The *Water Does Wonders* website can be found at www.waterdoeswonders.ca

¹⁶ <http://www.bluew.org/>

further information about the importance of drinking water, and of decreasing the consumption of sugar-sweetened beverages by children and their families. In doing so, the challenges were designed to engage families in an activity in their neighbourhood.

NAT #1 hosted the Aldershot Pool Party. Families were invited for a free swim, healthy snacks, and a chance to win great prizes for pledging to drink more water.

NAT #2 and #3 worked together to partner with the Burlington Mall and six local elementary schools for the Infused Water Taste Test Challenge. This event attracted 500 people to a flavoured water taste-test to vote on their favourite recipe and flavour. The school with the most votes received the grand prize of a new water refill station.



NAT #4 partnered with LA Fitness to swap disposable water bottles with reusable water bottles to raise awareness of the importance of tap water.

NAT #5 challenged local schools and groups to participate in the Great Big Sip! It was held on World Water Day, March 22nd. Five schools and the Alton branch of the Burlington Public Library participated in the event. They shared information around the importance of water for our health, and about the need to protect our water. On March 22nd, each site stopped all activities and had the whole student population or the student and families at the library take a unified sip of water. The participating schools received a water refill station.

Water Projects

During HKCC Theme Two, the NATs appealed to families to become involved in Water Does Wonders activities. They offered information and opportunities to practice healthy hydration,

nutrition, and physical activity. All Water Projects required a minimum of two partners and the engagement of volunteers. This practice reflected lessons from Theme One experiences which showed that partnership and volunteer participation in projects had a greater impact and a more sustained connection to the HKCC project. It actively contributed to the continued growth of the network.

31st Burlington Beaver Colony and Cub Pack

A partnership with the Hamilton Museum of Steam and Technology for a water management and conservation program enabled the program to provide a history of water and how water was distributed for drinking. The visit to the museum was followed by a family picnic lunch, a hike, and a presentation from Halton Public Health about the importance of drinking water. Each scout received a reusable water bottle to incorporate into weekly meetings and events.

Aldershot Family Fitness Night Committee

Aldershot schools of both the Halton District and the Halton Catholic District School Boards, Our Kids Network, the Ontario Early Years Centre and the Halton Region Health Department have been working with local businesses and partners to host an evening of *try-it* activities and demonstrations for kids and parents to promote healthy lifestyles and healthy hydration.

Central Public School

Worked with the Stream of Dreams.¹⁷ This initiative promotes an eco-education program that enlightens communities about local watersheds, streams and rivers. It is shaped to provide students with better environment education related to water, skill building, and community opportunity.

Clarksdale Public School

Clarksdale Public School held a family “Water is Best” fitness night that included the DrumFIT¹⁸, a fast-paced, non-competitive fitness program that combines music, movement and drumming, infused water, and activity stations. It encouraged families to join the fitness program to learn about the importance of water and the impact of sugar-sweetened beverages.

Corpus Christi Family of Schools

The Corpus Christi Family of Schools event engaged families in two physical activity stations, a boot camp style fitness activity, and The GrooveEDGEducation¹⁹ activity. The GrooveEDGEducation engages the body, brain and being, using movement, music and dance. Public Health and the Healthy Kids Team were on hand to provide families with information on why *Water Does Wonders!*

¹⁷ For more information about Streams of Dreams see, <https://www.streamofdreams.org/>

¹⁸ For more information about DrumFIT see, <https://www.drum.fit/>

¹⁹ For more information about The GrooveEDGEducation see, <http://www.thegrooveedgeeducation.com/>



Halton Food For Thought

Halton Food For Thought partnered with Rolling Horse and Robert Bateman High School to build and maintain the kid's Blender Bike²⁰. A Blender Bike is a pedal powered smoothie machine. A variety of recipes will be created for use at various schools and community events with a focus on promoting healthy lifestyles.

Ontario Early Years Centre

Reach Out Centre for Kids (ROCK) and the Burlington Ontario Early Years Centres partnered with the Burlington Public Library and the Halton Region Conservation Authority, to write and publish a children's book targeted at preschool children (aged 0-6 years) and their families. "Water, Please" is a story of a young girl who loves sugar-sweetened beverages, but changes her mind when she learns that all her animal friends prefer to drink water. Central High School students are illustrating the book.

²⁰ The Blender Bike originated with Food Share. For more information see <http://foodshare.net/program/blender/>



Open Doors – Cooking with Water

Open Doors, together with Halton Region Public Health Department, developed a program for families to learn healthy cooking methods such as steaming, blanching, poaching, and water bathing to promote the health benefits of water use and consumption. This program also includes a family meal.

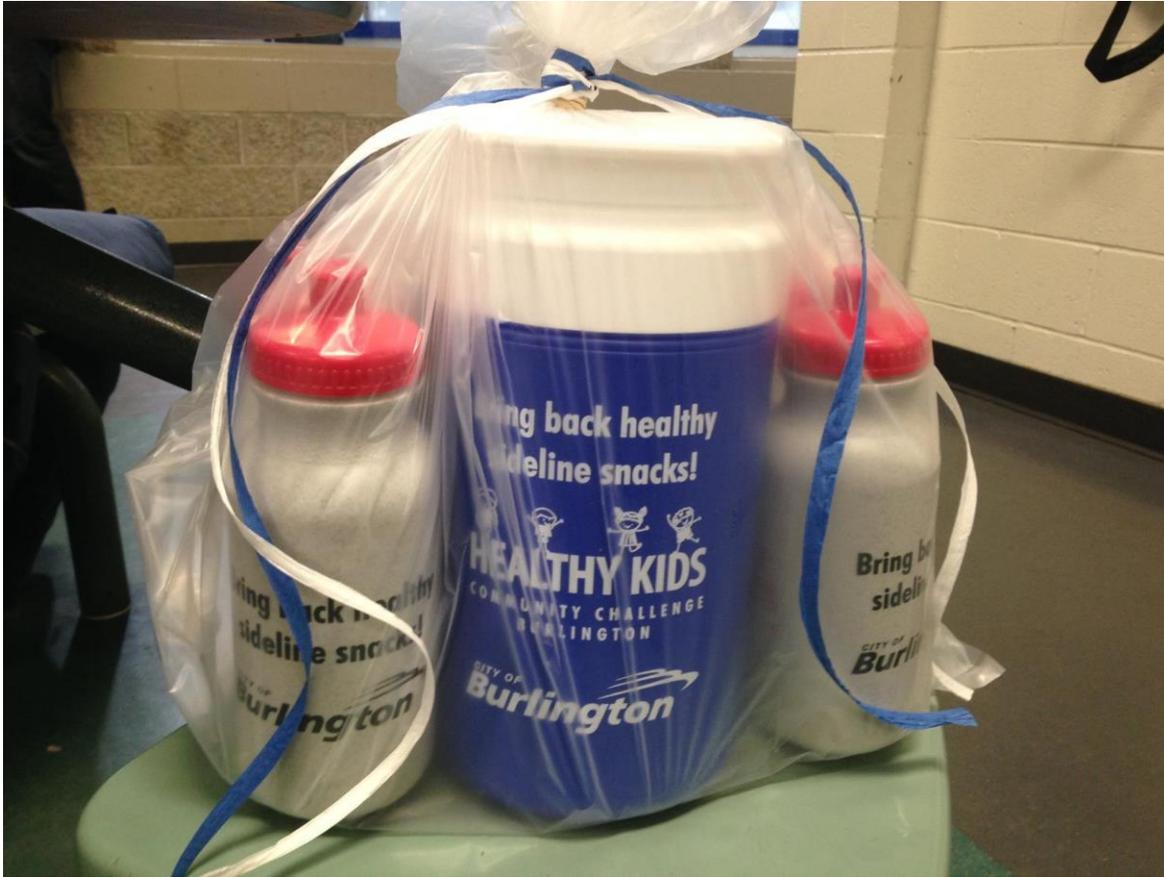
Ryerson, Pauline Johnson Public Schools and Halton Public Health: Jungle Sport

This Water Project is a four-day physical activity opportunity for students with Jungle Sport²¹, an in-school adventure program for students of all ages. The Public Health school nurse provided information about the importance of water hydration. A special morning activity welcomed next years' Kindergarten students and their families to Ryerson Public School to experience Jungle Sport and school life.

St. Mark Catholic Elementary School Council

St. Mark Catholic Elementary School Council worked with local businesses, providing a free evening for parents, students, and extended family to sample and participate in a variety of activities. Each activity station included Water Facts and information for the passport. Water will be **the** preferred drink option, and families are encouraged to make a Water Pledge.

²¹ For more information about Jungle Sport see <http://www.junglesport.ca/>



Healthy Sideline Snacks: Snacktivist Program

The City of Burlington's Sport Unit took the lead in the "Snacktivist" project, motivated by community concern around unhealthy snack habits among students. Sugar-sweetened treats and sports drinks, instead of water and fruit, are offered or sold to fans and onlookers. This initiative challenged often very rooted and popular sport groups to become "Snacktivists," and worked with coaches and parents to ensure that only healthy snacks were served at games. Healthy Kids Community Challenge (HKCC) provided each registered pledging team with a water cooler, reusable water bottles, and a list of ideas for fun healthy sideline snacks.

City of Burlington Concession Policy

The importance of healthy options for vending and concession stands in City of Burlington facilities has been a point of conversation throughout the Healthy Kids Community Challenge project in Burlington. Policy change takes time. It will most likely take more than nine months to see our proposals about healthy options implemented. The HKCC initiative highlighted the need for a change regarding unhealthy beverage consumption during Theme Two: *Water Does Wonders* activity.

Impact in Theme Two: *Water Does Wonders*

Outreach

The outreach in Theme Two was wider and larger than that of Theme One. This is because of the types of events and interventions that were undertaken, and the larger number of partners engaged in planning and implementing *Water Does Wonders* programs and events.

Through the 26 program sites of Theme Two, the HKCC program in Burlington reached the following:

- 3,355 children
- 566 adults
- 1,854 families
- 131 volunteers

The outreach to these children, families, and adult role models took place over 3 to 12 weeks and, depending on the site, provided more intensive engagement with the *Water Does Wonders* message.

The extent of the outreach can also be captured by reviewing connections or partnerships. As discussed in “The Power of Collaboration” Part 1²², communities are built on connections. Better connections provide better opportunities²³. Connections or relationships can be defined as:

- Sharing – sharing information about one another’s programs, projects, and activities
- Cooperating – working together informally to deliver the program; plan together, share resources
- Collaborating – meeting regularly to plan/monitor, set mutual goals, share responsibilities, and build trust

Partners reported a total of 89 experiences of working in partnership with others.

Through participation at festivals, partnering with the Great Big Crunch, doing presentations, Community Challenges, Water Projects, and providing training, HKCC reached 46,489 children and 2,150 adults. Although the interventions were often one day events, it allowed the Burlington HKCC project to promote water as the healthy choice for hydration, and to share information about the need to reduce the consumption of sugar-sweetened beverages. Connecting with such a substantial number of individuals across the City of Burlington is only possible through the program’s network of 49 partners who, in turn, activate their networks.

²² Community Development Halton, *The Power of Collaboration: A Story of Healthy Kids Community Challenge in Burlington – March 27, 2017, Part 1*

²³ Kreb, V and Holley, J. *Building Smart Communities through Network Weaving 2002-2006*. <http://www.orgnet.com/BuildingNetworks.pdf>

The outreach via social media channels to primarily a parent/caregiver and stakeholder audience was:

- Facebook
 - Post total outreach – 2,842
- Twitter
 - Engagement - 232

Connecting with adult role models in the home, and in the community, can be challenging. The use of social media is an important vehicle to communicate the thematic issues, along with information about opportunities for families to get involved in the activities of HKCC.



Creating Supportive Environments

One of the most significant outcomes of Theme Two was strengthening supportive environments. The overarching goal in this area was to increase access to water and to change the culture within organizations and families so that water was promoted as the first choice for healthy hydration; and to have water more readily available. The project partners did this through several activities:

- The Blue W project, increasing access for the public to tap water in businesses and community sites
- The installation of 16 water refill stations
- The distribution of 3,000 reusable water bottles
- Convincing teachers to allow and encourage students to keep water bottles at their desks
- The removal of juice from snacks at programs and student nutrition program sites
- The “Snackivist” program, promoting *water-only* for children’s sport sideline snacks
- The purchase of water dispensers and jugs for a variety of sites to facilitate provision of water at events and programs easy and accessible
- Work towards *healthy-only* options for City of Burlington vending machines and concession stands

Comments from program partners highlight the actions taken to create supportive environments:

We eliminated the option of having juice or other drinks besides water at our program. Children have become comfortable with only drinking water.

...changed our offerings at family events; rather than juice or punch, we offered fruit infused water.

A significant impact on the students at their schools would be the elimination of juice served as part of the Breakfast Program menu. The program... runs five days a week and juice, by far, was one of the most popular items, with some students having multiple servings of juice each morning. With the replacement of juice with chilled water and white milk, students have significantly cut down on their servings of sugary beverages on school days.

As well, at school events where juice/sugary drinks are traditionally served (ex: FDK Pancake & Pajama Breakfast, Winter Walk Day, etc.) water and milk are now what is offered. The School staff has embraced the school-wide 'no sugary drinks' policy'.

Families have also positively responded to the WDW messaging and many school staff report an increase in refillable water bottles being sent to school and a decrease in sugary drinks.

The installation of the water dispensing stations was a big success, as it was a great way to increase the access to fresh water in the school.... all the students loved to participate in the infused water tasting challenge.

We were able to support the installation of a water bottle refilling station at Calvary Church. Our program participants provided feedback on how wonderful it was; as well, members of the church admitted to drinking more water now that this has been installed at their facility.

*...Whole school policy: **'No sugary drinks!'***

The response from the survey completed by 23 program site partners at the end of Theme Two: *Water Does Wonders*, indicated:

- 81% of project partners providing *Water Does Wonders* programming agreed or strongly agreed that their program had increased access to water.
- 59% of partners agreed or strongly agreed with the statement: "Our program influenced healthy organizational and/or public policy related to access to water."

Some partners reported that they already had a strong water only policy in place and that the *Water Does Wonders* messaging helped reinforce what they already had in place.

Behaviour Change: Increased Water and Decreased Sugar-Sweetened Beverage Consumption

Partner Observation

As noted above, the observation of project partners is that the development of a supportive environment can lead to behaviour change. When water was the only choice available at program or an event, partners reported that children adjusted and drank the water. They observed making water bottles easily accessible and the installation of water refill stations led to increased consumption.

More children are bringing their own water bottles to school. The teachers leave them accessible and the children are often seen choosing their own bottle and drinking water throughout the day.

...Seeing an increase in students refilling their water bottles at the new refill station.

The survey explored program partners' perception of the importance of their programs on several factors in that survey. Table 1 shows the partner level of agreement with statements about the impact of the *Water Does Wonders* programing at their sites.



Table 1. Level of partner agreement about impact on knowledge and behaviour change related to water and sugar-sweetened beverages

Partner Responses	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total Number
Our program participants increased their knowledge about the importance of drinking water and reducing their consumption of sugar-sweetened beverages.	0	0	2	8	11	21
Our program participants positively changed their behaviour related to the consumption of water and sugar-sweetened beverages.	0	0	6	10	6	22

Ninety percent (90%) of the partners felt their students/participants had increased knowledge of the importance of drinking more water and less sugar-sweetened beverages. Seventy-three percent (73%) felt there was a corresponding behaviour change and reported observations of children drinking more water, using their water bottles and the water refill stations that had been installed.

Program partners also reported on their level of agreement with the impact on parents/care givers related to children sharing the information at home and program leaders' effectiveness in sharing information about *Water Does Wonders* with parents and care givers. Again, the program partners felt positive about the outcomes here. Information was shared with parents/care givers through handouts provided in the tool kits that they took home. Others worked with program participants to share at home what they were learning and then report back about the conversations. Others used social media to share pictures, tips, and videos that the children created to share the *Water Does Wonders* message with parents/care givers. Table 2 shows that 86% of partners agreed that program participants had shared their new information from the *Water Does Wonders* program at home and 91% agreed that they had been effective in sharing information with parents/care givers.

Table 2. Partner perception of impact on parent/care givers

Partner Responses	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
Our program participants shared their new knowledge with their families.	0	0	2	12	7	21
We were effective in sharing information with parents/care givers related to the <i>Water Does Wonders</i> theme.	0	1	1	8	12	22

Participant survey results on beverage consumption

During Theme Two: *Water Does Wonders*, all program sites (schools and Healthy Kid’s sites) were asked to have students/participants complete a *before and after* program survey. The survey consisted of the program location, grade, and a response to the question: “Yesterday, how many times did you drink the following beverages...” A list of beverages was provided and a choice of zero through to eight or more times. The survey was administered at school and after school sites **before** *Water Does Wonders* programming began; and, then again **after** the programming. The full details from the *before and after* program survey results are available in the appendix.

There are 1,368 and 969 responses to the *before and after* program surveys respectively. Some students/children did not report on all the beverage choices.

Limitations

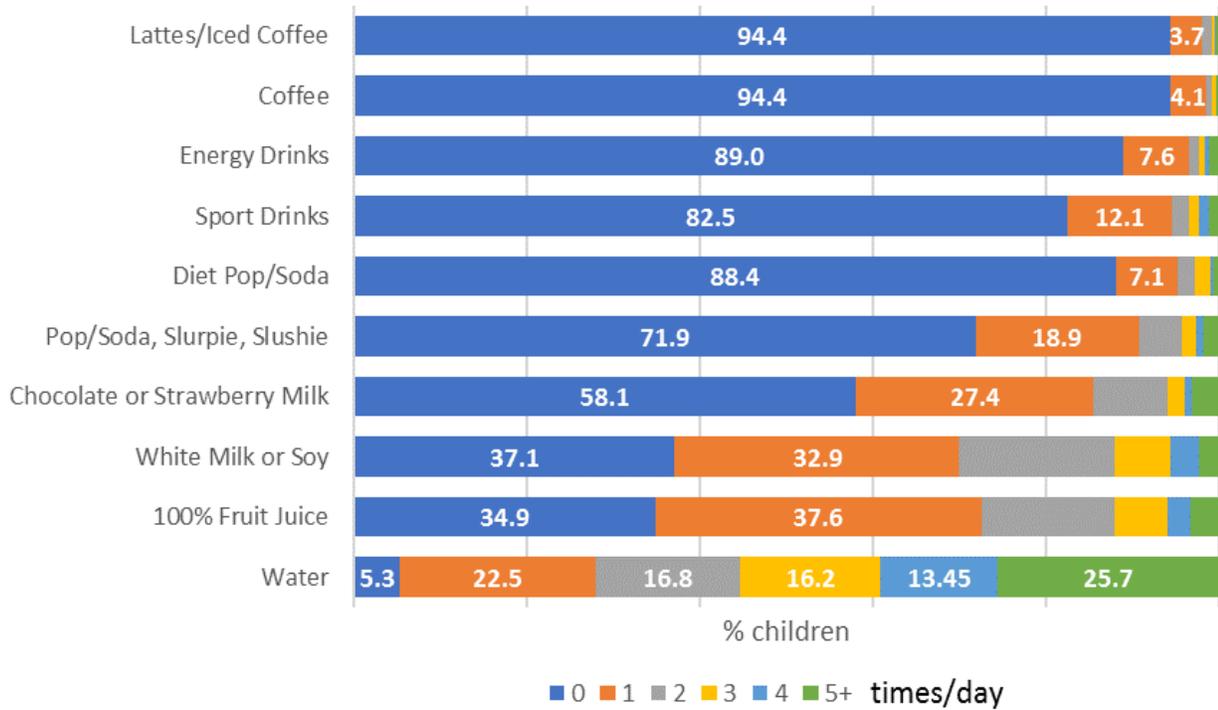
It is important to note that there are limitations in the survey results.

- The survey is a self-report survey, relying on children to report their beverage consumption accurately.
- It is difficult, if not impossible, for the HKCC team to create a controlled environment for evaluation purposes.
- It was not feasible to have one common day on which the children would report about their beverage drinking habits. Some children may have been reporting on a weekday, others on a weekend.
- The differences in date could have skewed the results of the questionnaire, just as they could have influenced what the interviewed children would choose to drink on the specific day in question.

Survey Results

Chart 1 shows the reported beverage consumption from the **before** program survey.

Chart 2 presents the results from the **after** program survey.



Source: Burlington HKCC

Prepared by Community Development Halton, 2017

Figure 1. Percentage of Children Reporting Beverage Consumption (Before Program)

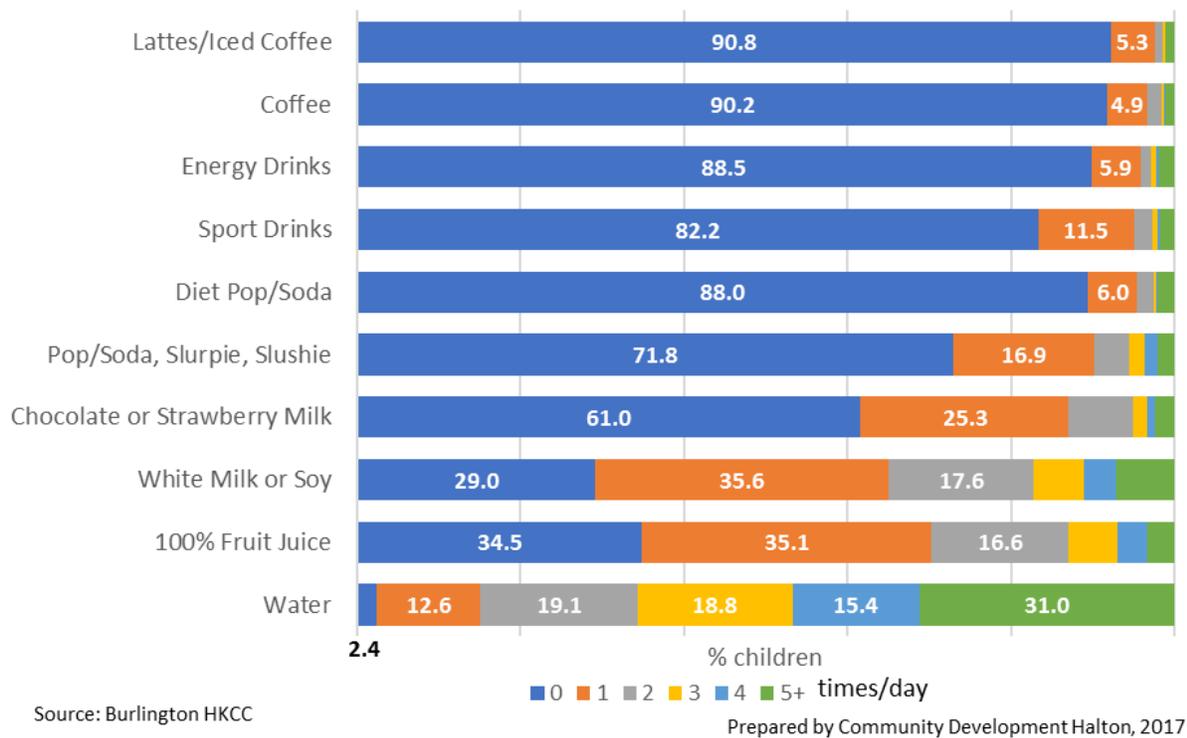


Figure 2. Percentage of Children Reporting Beverage Consumption (After Program)

A comparison of Chart 1 and 2 shows:

- Percentage of children reporting not drinking water daily decreases from 5.3% to 2.4%; percentage of children reporting drinking 2 or more glasses increases from 72% to 85%.
- Percentage of children report drinking one glass of 100% fruit juice decreases from 37% to 35%, percentage of children report drinking 2 or more glasses of juice increases from 28% to 30%.
- Percentage of children report not having white milk or soy decreases from 37% to 29%, percentage of children report drinking 2 or more glasses of milk/soy increases from 30% to 35%.
- Percentage of children not drinking chocolate or strawberry milk increases from 58% to 61%.
- Percentage of children having one or more pop/soda, Slurpee, or slushie decreases from 30% to 28%.

The self-reporting on water consumption by children participating in the survey is encouraging, with an increase in consumption as a great first step. The consumption of sugar-sweetened beverages does not show a significant change. Juice continues to be a first-choice drink for many children. It is important to remember the brief period of educational work. Significant

behavioural change requires a much longer time than the three to twelve weeks that children had to participate in the program. Ongoing efforts of partner organizations, and maintaining norms and opportunities for active, healthy living, will provide the opportunity for more significant change over time.

Again, any significant change in behaviour will come with ongoing efforts by partners to disseminate the messaging and maintain supportive environments for behaviour change. The Burlington HKCC project has demonstrated that cross sectoral partnerships and collaborative action has the effect of a growing outreach into community that can make a difference.

Continuing to Strengthen the Network

In Theme One: *Run.Jump.Play.Everyday.*, program developed a strong network of community partners to implement Healthy Kids Community Challenge (HKCC) decisions. This network weaving happened via the Steering Committee and the five NATs. Throughout Theme Two: *Water Does Wonders*, the program has worked to maintain and in some cases, enhance and strengthen those networks.

The existence of strong networks made Theme Two easier to roll out. There were partner organizations ready to work on the next theme based on their experience during the work on Theme One, and with the culture of collaboration engendered within the five Neighbourhood Action Teams (NAT).

At the time of this report there were 49 partners counted in the delivery of Theme Two: *Water Does Wonders* at Healthy Kid sites. Partners responsible for implementing the *Water Does Wonders* program reported 52 occurrences of sharing information, 32 occurrences of cooperation and 36 occurrences of collaboration²⁴. Collaboration is the most intensive type of partnering. It requires a great investment of time, mutual sharing and goal setting.

In some cases, new partners were engaged. This happened in three ways:

1. The NATs developed a series of Community Challenges as described earlier. They reached out to and engaged new school and private sector partners. The experience for all the partners was positive, each asking to learn more about how they could be involved in the next theme.
2. The program continued to build and strengthen NATs. In particular, NAT #5 were new parent volunteers joined the team; pledged to help with the Great Big Sip challenge, and also connected and shared the opportunities for engagement in their children's schools.

²⁴ Partnership categories were defined as: Shared Information: shared information about one another's programs, projects, and activities; Cooperated: worked together informally to provide the program; planned together, shared resources; Collaborated: met regularly to plan/monitor, set mutual goals, shared responsibilities, built trust.

3. The HKCC Steering Committee made a conscious decision to reach deeper into the Early Year's sector. This sector has been in a state of flux with provincial policy changes. Nevertheless, it was ready to get involved in Theme Two. This meant:
 - ◆ involvement of five child care centres
 - ◆ an additional neighbourhood preschool program
 - ◆ more extensive involvement with the Burlington Public Library in their preschool programming, and
 - ◆ involvement the Ontario Early Years Centre.

Network Weaving Examples from Theme Two

The following three stories are notable examples from Theme Two on the power of strong networks to deepen engagement and facilitate innovation.

Ontario Early Years Centre: programs, writing a book, and planning for gardening

The more extensive engagement by the Ontario Early Years Centre (OEYC) is a great example of how network weaving has a positive impact. During Theme Two, the OEYC hosted a HKCC event in which approximately 60 families received information about water, and children enjoyed the imagination playground. Group members provided *Water Does Wonders* information to their parents/care givers, and activities for children at its drop-in programs. They also connected with the Burlington Public Library, Conservation Halton, Halton Public Health, and Central High School to begin the writing and publication of a children's book to promote the importance of drinking water to preschool children. This should fill a resource gap identified by the HKCC team. The OEYC connected with the City of Burlington to leverage space to provide a free physical literacy program called "Fit as a Fiddle." It attracted many children and parents/care givers. The OEYC has joined the Aldershot Family Fit Night Committee (a Neighbourhood Water Project for NAT #1) to reach Aldershot families with the *Water Does Wonders* messaging and physical activities. Finally, in anticipation of the next theme, *Choose to Boost Veggies and Fruit*, the OEYC has connected with Open Doors, which is just down the road from its main drop-in site. Together they are planning how to engage preschool families in gardening for the spring and summer months.

The Blender Bike

The development of the Blender Bike via the Neighbourhood Water Projects is another example of connections that might never have been made if not through HKCC network weaving. The Blender Bike is a bike that allows someone to cycle on a trainer generating the energy to power a blender. Toronto Food Share has Blender Bikes. A Halton Public Health Nurse arranged to borrow one for Halton Food for Thought for an event in Oakville in the Fall of 2016. With the opportunity to create a collaborative Water Project, through Burlington's HKCC, Halton Food for Thought reached out to Rolling Horse, a local social enterprise focused on increasing the number Halton residents with access to affordable bicycles. The two partners met each other through the

HKCC network. Rolling Horse has developed the prototype of the Blender Bike for Burlington, then, Bateman High School Students were brought into develop other blender bikes. A student nutrition program, a social enterprise for cycling, and students from a high school shop program are unlikely partners unless you are actively weaving a community network.

Neighbourhood Action Team (NAT) #5

There has been ongoing work to sustain and strengthen the NATs throughout Theme Two: *Water Does Wonders*. NAT #5 has been a success story. Throughout Theme One: Run. Jump. Play. Everyday., there was little or inconsistent uptake with the NAT #5. The area that the team serves has a large population of children, young families, and commuters. It is a very diverse neighbourhood. In Theme Two, the HKCC Team learned that people who have time during the day are most likely able to engage in and pursue such neighbourhood conversations. Thus, daytime was a good time to network or make new connections. Some significant outreach was done by the HKCC team. Members looked to increase the parent/care giver and community member involvement in neighbourhood conversations. A growing number of service providers/agencies also committed to the group.

In Theme Two the group planned a successful Community Challenge called the Great Big Sip! Team members were committed to planning and implementing of the event. The results were positive not only for the participating schools, but also for the degree of the group's ownership of the challenge and its success. The Great Big Sip! engaged schools that had not yet connected with HKCC. Conversations with school administrators indicated that this Community Challenge was an important introduction to the HKCC project. The Community Challenge designed by NAT #5 made it easy for large schools to participate, some having close to 1,000 students. Many said that they looked forward to participating in Theme Three. In debriefing the event, and in anticipating the future for the NATs, people believe that Neighbourhood Action Teams fulfill a need regarding collaboration that does not otherwise exist in the area.

Champions and Their Ripple Effect

The importance of community champions was apparent in Theme One. It remained so as a critical success factor in Theme Two. What was different in Theme Two is that HKCC began to see the ripple effects of the work of community champions with more time having elapsed. The following are just a sample of some of those ripples.

Halton Mosque: Getting Active

A member of the Halton Mosque made a connection to the Healthy Kids Community Challenge (HKCC) that translated into a volunteer effort to raise funds for a new playground structure for the local area to enjoy. This volunteer has also worked with the City of Burlington staff to reinvigorate the women-only swim through suggested changes to better suit the needs of the community. This same volunteer has also developed a gym drop-in program for their community. This is a poignant example of the power of volunteering, and of community connections whereby a volunteer is encouraged to (and does) champion an idea. A volunteer can find essential resources to help move ideas forward.



Taste Test Challenge

Described earlier, the Taste Test Community Challenge developed by both NAT #2 and #3 stands out. The challenge was a creative way of getting schools not yet involved in HKCC engaged. This challenge has important spin offs. Participating schools managed to see the relevance of the *Water Does Wonders* message not only for their health curriculum, but also for math and science as well, thus furthering their interest in future HKCC events and programs.

At Tecumseh Public School, much energy has been spent in attempting to engage parents in efforts to strengthen a school council. The small group of parents that came forward in support of their school council took on the Taste Test Challenge. The school was one of the winners. This enabled them to access \$1,400 for a new water

refill station. This is an important accomplishment that has encouraged this emergent group to stay engaged.

St. Paul Catholic Elementary School chose to compete in order to win one of the water refill stations. Water refill stations were being awarded to the three schools with the most votes for their infused water flavour. St. Paul launched a campaign to encourage parents, teachers, and students to vote for their strawberry mint mist infused water recipe. Their campaign worked! The day of the event the students that developed the recipe, parents, and even teachers came out in droves. The school spirit generated over the event was amazing. The principal radiated her joy when contacted to learn that their school had won. She commented on how encouraging the opportunity had been; and that they would be looking forward to future HKCC opportunities for their school.

Burlington's Physical Literacy Team and Public Health School Nurses

Connections through the network have also resulted in Community Development Halton and Have a Heart for Burlington's Physical Literacy Team connecting to serve as resources at four



different schools associated with the HKCC and the Public Health Department School Nurses. Through the development of relationships, the Physical Literacy Team is providing parent information sessions, support for student wellness teams, and support for physical literacy development through the physical education curriculum. Those classes that have won a school contests are celebrated through an extra gym or dance class, instead of pizza parties.

Final Reflections

During Theme Two: *Water Does Wonders*, Burlington's Healthy Kids Community Challenge (HKCC) was able to make inroads with participating children to increase their consumption of water. However, there is more work to do to change behaviour; especially, to decrease the consumption of sugar-sweetened beverages. The time window provided for Theme Two only allows for introducing the importance of water. This is not adequate time for profound change. The partners involved in the Burlington HKCC should be proud of the significant changes made which have led to the creation of supportive environments. They continue to encourage children and families to choose healthy beverages.

As in Theme One, the developing network of partners is rich in composition and diversity. It has led to some outcomes that go beyond the performance measures required of the Ministry of Health and Long-Term Care. The examples of connections made through neighbourhood conversations and collaborative action are the foundation for further work together in Theme Three, and after the completion of Healthy Kids Community Challenge Project.

Appendix 1

Theme Two: *Water Does Wonders*: Survey Results

The Healthy Kids Community Challenge (HKCC), “is a province-wide initiative funded by the Ministry of Health and Long-Term Care (MOHTLC)”²⁵. HKCC is “intended to create sustainable improvements for children and youth in three theme areas: healthy eating, healthy physical activity, and healthy lifestyle”²⁶. The target age for this provincial initiative is 0 to 12 years old.

The participating communities rallied around the three themes to develop programs, policies, environmental supports, and events with the support of local partners. About every nine months, a new theme will be launched that relates to two of the key factors associated with healthy weight in children: physical activity and healthy eating. The three themes for the project are:

- *Run.Jump.Play.Everyday.*
- *Water Does Wonders*
- *Choose to boost veggies and fruit*

The second theme: *Water Does Wonders* “encourages kids and families to choose water when thirsty instead of sugar-sweetened beverages. It’s the natural, healthy, and free choice. Other healthy options such as plain milk and fortified, unsweetened soy beverages are also encouraged.”²⁷ Each program site was provided with a *Water Does Wonders* Tool Kit. Sites were asked to complete between 4 and 8 activities; and to create some environmental supports such as removing juice from snack menus, and allowing children to have easy access to water (e.g. at their desks or via a water station).

Burlington’s HKCC seized this opportunity to collect data on children’s water and beverage consumption habits before and after the launch of this initiative. A short survey developed for school sites and after school program sites was available to be completed on-line or in printed format. Each program site was asked to have children complete the survey before they started the *Water Does Wonders* program and then again after completion of the *Water Does Wonders* program. The timing of the data collection was dependent on when a site started and completed their *Water Does Wonders* program. Data were collected from students/children (from kindergarten through to grade eight) from seven Healthy School Sites²⁸ and nine Healthy Kid

²⁵ "Healthy Kids Community Challenge - Water Does Wonders." The Heal: Human Environments Analysis Laboratory. Accessed June 16, 2017. http://www.theheal.ca/HKCC_project_water.php.

²⁶ Ibid.

²⁷ Government of Ontario, Ministry of Health and Long-Term Care. "Healthy Kids Community Challenge - Public Information." Ontario Ministry of Health and Long-Term Care. Accessed June 16, 2017. <http://www.health.gov.on.ca/en/public/programs/healthykids/hkcc.aspx>.

²⁸ Refers to schools that are participating in Theme Two, using the *Water Does Wonders* Tool Kit lesson plans

Sites.²⁹ The kindergarten to grade two students were provided with facilitated sessions to generate results, while older children completed the survey independently. Public Health Nurses working with school sites reported that younger children required a conversation to be able to recall what they drank yesterday.

The students/children were asked to answer one question:

Yesterday, how many times did you drink the following beverages?

All children had the option not to respond at all or to indicate that they did not want to answer. All responses were given anonymously.

The following is a sample of the table to capture the responses. The survey was launched in October 2016.

The survey was included as part of the HKCC Tool Kit. In January 2017, the students and children in the same Healthy School Sites and Healthy Kids Sites were asked to complete the same survey again to assess if there was a change behaviour.

		0	1	2	3	4	5	6	7	8+	<i>Prefer not to answer</i>
A	100% fruit juice										
B	Water (1 time = 1 glass or half a water bottle)										
C	Milk (white or soy)										
D	Milk (chocolate or strawberry)										
E	Pop/soda (non-diet), Slurpee's, slushies										
F	Diet pop/soda										
G	Sports drinks (Gatorade, etc.)										
H	Energy drinks (Red Bull, etc.)										

²⁹ Refers to community programs that are participating in Theme Two, using the Water Does Wonders Tool Kit activities

		0	1	2	3	4	5	6	7	8+	<i>Prefer not to answer</i>
I	Coffee										
J	Lattes/iced coffee										
K	Other: _____										

There are 1,368 and 969 responses to the before program and after program survey respectively. Some students/children did not report on all the beverage choices.

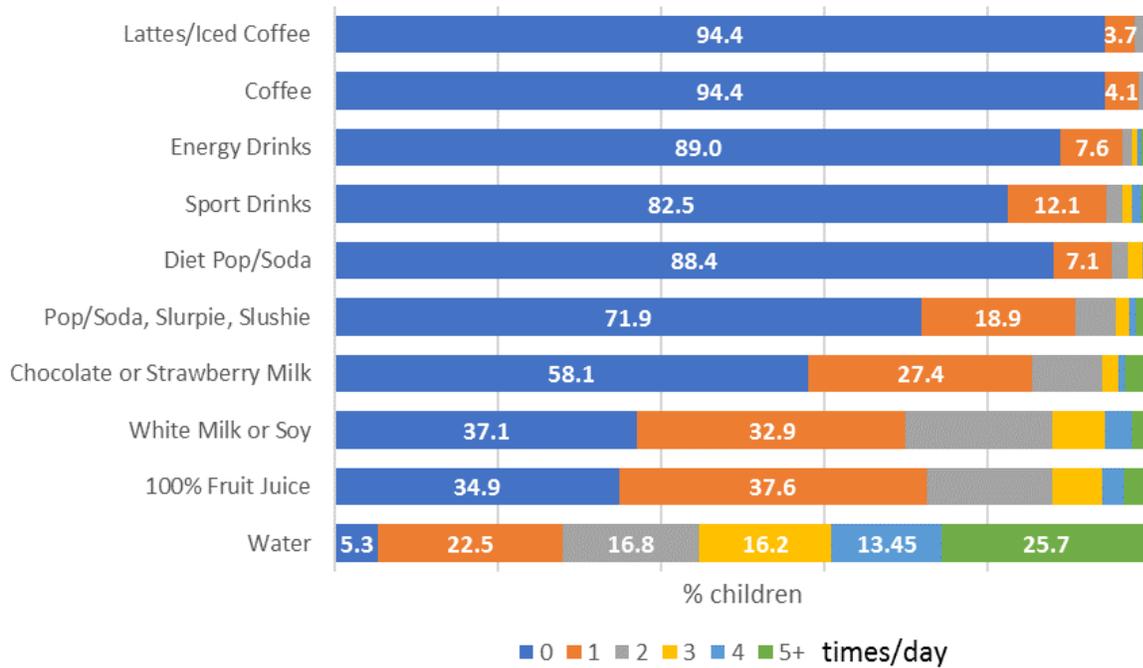
Limitations

The survey is a self-report survey that relies on children to report their beverage consumption accurately. It is difficult, if not impossible, for the HKCC team to create a controlled environment for evaluation purposes. It was not feasible to have one common day on which the children would report about their beverage drinking habits. Some children may have been reporting on a weekday, others on a weekend. The differences in date could have skewed the results of the questionnaire, just as they could have influenced what the interviewed children would choose to drink on the specific day in question.

The timing of the survey completion was site specific. It depended on the groups availability to start and complete the *Water Does Wonders* program. The researchers relied on the Healthy School and Healthy Kids sites for timing of the survey implementation. In some cases, the *Water Does Wonders* messaging may have already begun, thus potentially influencing some children’s responses.

The *Water Does Wonders* program took place over varying lengths of time depending on the setting. In some cases, there were 12 weeks of programing once a week, and in others there were only 3 to 4 weeks of programing.

Percentage of children reporting beverage consumption (before program)



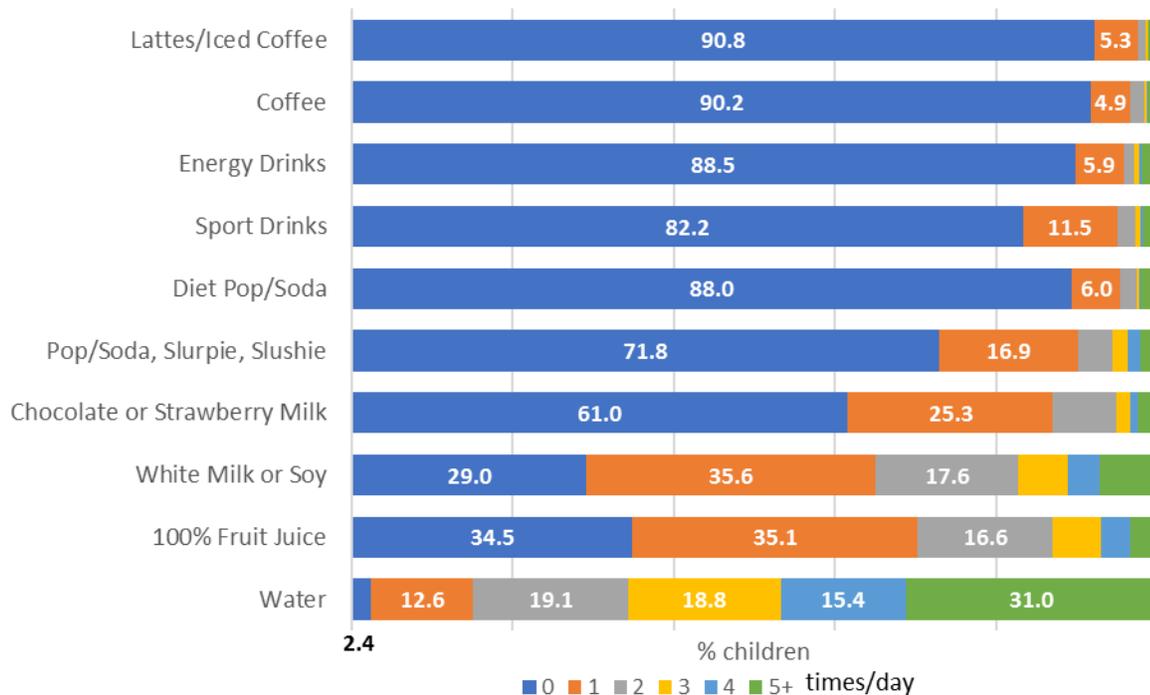
Source: Burlington HKCC

Prepared by Community Development Halton, 2017

Observations from the before program survey

- Over 5% of children report not drinking water daily, 22% report having one glass and the other 72% report drinking 2 or more glasses of water.
- Just over 37% of children report drinking one glass of 100% fruit juice and another 28% report drinking 2 or more glasses of juice.
- 37% of children report not having white milk or soy drink while 33% drank one glass and another 30% report drinking two or more glasses of white milk or soy.
- Over half, 58% of children report not drinking chocolate or strawberry milk, whereas 27% had one glass and 15% had two or more glasses of chocolate or strawberry milk.
- Close to 30% of children report drinking one or more pop/soda, Slurpee or slushie.

Percentage of children reporting beverage consumption (after program)



Source: Burlington HKCC

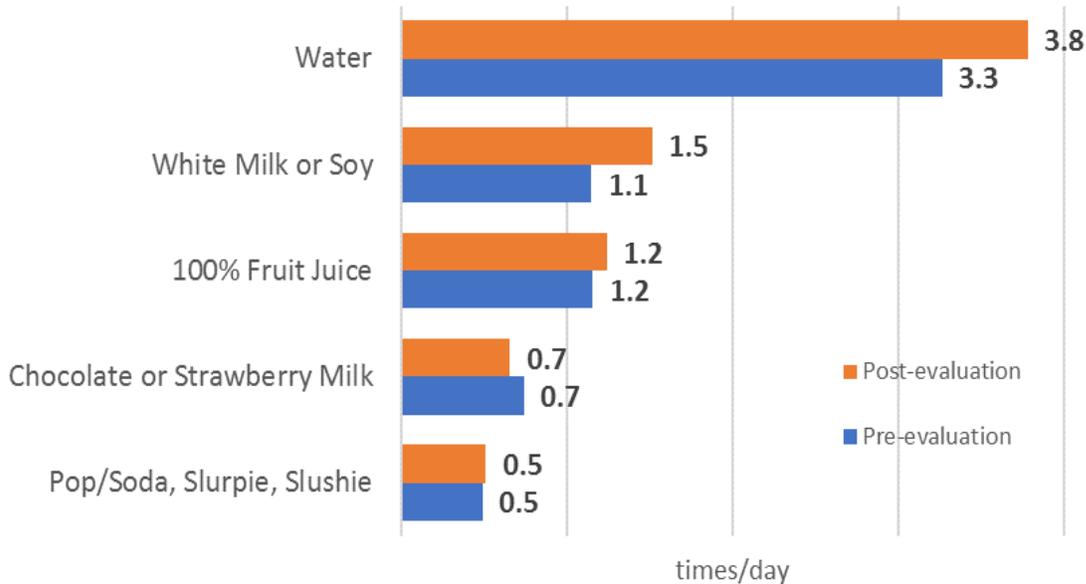
Prepared by Community Development Halton, 2017

Observations from after program survey

- Percentage of children report not drinking water daily decreased from 5.3% to 2.4%, percentage of children report drinking 2 or more glasses of water increased from 72% to 85%.
- Percentage of children report drinking one glass of 100% fruit juice decreased from 37% to 35%, percentage of children report drinking 2 or more glasses of fruit juice increased from 28% to 30%.
- Percentage of children report not drinking white milk or soy decreased from 37% to 29%, percentage of children report drinking 2 or more glasses of white milk or soy increased from 30% to 35%.
- Percentage of children report not drinking chocolate or strawberry milk increased from 58% to 61%.
- Percentage of children report drinking one or more pop/soda, Slurpee or slushie decreased from 30% to 28%.

Special Note: In both the *before and after* program survey responses, tea was the number one “other” drink listed by survey respondents.

Average daily consumption by top 5 beverage choice (before/after program)



Source: Burlington HKCC

Prepared by Community Development Halton, 2017

Observations comparing *before and after* survey results, average daily consumption

- The average daily consumption of water increased from 3.3 times/day to 3.8 times/day
- The average daily consumption of white milk or soy increased from 1.1 times/day to 1.5 times/day
- The average daily consumption of the other beverages shows no significant changes

Overall Observations and Thoughts:

The self-reporting on water consumption by children participating in the survey is encouraging with an increase in consumption and a great first step. The consumption of sugar-sweetened beverages does not show a significant change. Juice continues to be a first-choice drink for many children. It is important to remember the short time frame that the program took place in. Significant behaviour changes require a much longer time than the three to twelve weeks that children had during this program.

The *before and after* program surveys show that some children report consuming some significant amounts of caffeine. There is some hypothesis that some of this consumption may be cultural, other conjecture that tea with lots of milk maybe one way that parents/care givers are including white milk into a child's diet. The survey results have also created conversation amongst partners about the potential role of milk programs at schools being an influence on the amount of chocolate milk listed and potential to further support healthy choices if schools offered white milk only.