Final Evaluation Report of the Peachland Outdoor Fitness Trail Program using the Accredited Community Health Program Evaluation Model

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Peachland Outdoor Fitness Trail Program

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Executive Summary

The Peachland Outdoor Fitness Trail Program was the focus of this evaluation. Peachland with the help of numerous partners established the program in hopes of creating a focal point in the municipality that would bring together all ages and allow for a more active participating community. Initial goals and success indicators of the program were to create an easily accessible outdoor recreation space, which reduced the barriers to fitness and allowed for social inclusion and recreational opportunities, promote volunteerism among older adults and other generations, and help inspire groups and individuals to develop and deliver recreation programs that engage and empower people of all ages. A variety of outdoor fitness equipment were placed along the 1km trail, this equipment is simple to use and free to everyone using the path. Promotion of physical activity and healthy lifestyle was aimed towards the whole community, but an emphasis was on seniors 55-85 years old who compose a large demographic of Peachland's population.

The Accredited Community health program evaluation model was used as a template for this evaluation. Qualitative interviews were conducted with administrators of the program; Surveys were also distributed throughout the community as well as online using SurveyMonkey.

Overall the program was deemed successful by both administrators and the community and was seen as an excellent addition to the municipality. Reviews praised the easy accessibility of the equipment, family and pet friendliness of the trail, and overall social connectedness felt while using the trail. Recommendations that would further benefit the program include the establishment and public promotion of more group oriented programs, and programs aimed at specific chronic diseases. Also additional restroom facilities, drinking fountains, and benches for resting may be beneficial.

Purpose Statement and Objectives

The purpose of this evaluation on Peachland's Outdoor Fitness Trail Program is to examine its success' as well as ways to better improve the program and help further benefit the community of Peachland. As there have been no previous assessments of the program this evaluation could give stakeholders a better perspective on how the program is truly running. Some of the reasons for evaluating this program are to help make future recommendations to improve the program and highlight current achievements. As previous Okanagan College students involved with the development of the physical activity programs for the trail, we were very interested in following up with our work and determining if we succeeded in introducing new physical activity opportunities within the community. The intentions of this evaluation were for a complete review on developmental, current, and future aspects within the program. The main goal however, was to examine if the trail was doing what it was intended to do, which was to provide the citizens of Peachland with a safe, social, and intergenerational opportunity to improve quality of life. This all relates to our studies in Human Kinetics about building confidence, strengthening our bodies, setting goals, and breaking down barriers of sedentary living.

Literature Review

i. Target Population Health Issues

Due to the target population of the program being 65+ it is important to recognize health issues that may arise within this demographic. As individuals age, changes to the cardiovascular, pulmonary, neurological, ophthalmological, and musculoskeletal system occur (Stathokostas, Theou, Little, Vandervoort, & Raina, 2013). This along with decreased physical activity can have negative effects on both physical and mental health (Codina, Pestana, & Armadans, 2013).

Although the benefits of physical activity are well known, sedentary lifestyles are still very common across all age groups (Codina et al, 2013; Statistics Canada, 2013). The Canadian Physical Activity Guidelines recommend that older adults should obtain at least 150 minutes (10 minute bouts minimum) of moderate to vigorous physical activity per week. In Canada, currently only about 10-15% of adults aged 60-79 years are meeting those recommendations (Statistics Canada, 2013).

One of the major self-reported barriers to physical activity by older adults is fear of injury. However, research shows that risk of injuries are quite small and the benefits of physical activity for older adults (reduced risk of sickness, cognitive impairment, and functional performance decline) outweigh a sedentary lifestyle (Ker et al., 2012; Stathokostas et al., 2013).

With an increase in physical activity and strengthening exercises, older adults will help to enhance their mobility, flexibility, balance, and reduce sarcopenia (a loss of muscle mass that occurs as one ages) (Hautier & Bonnefoy, 2007; Rubenstein et al., 2000). Older adults are able to see increases in strength and cardiovascular endurance. This allows them to continue day-to-day activities, enjoy independence, have some form of spontaneous activity and reduce frailty (Hautier & Bonnefoy, 2007; Hunter et al., 2014).

Along with the physical benefits of exercise for older adults, there are also many other benefits including psychological, cognitive, social, and emotional qualities, which can lead to a better-perceived quality of life (Wanderley et al., 2015). For the older adult this can include, but is not limited to, relations with family, functional capacity, general health and health status, and social contact (Wanderley et al., 2015).

By keeping physically active in aging improvements will be seen in all areas such as decreased risk of cardiovascular disease, osteoporosis, high blood pressure, and risk of falls;

increase in balance and functional capacity of everyday tasks; increased aerobic capacity and endurance; increased energy levels; and slowing the decline in bone mineral density; psychological and cognitive benefits including improved attention span, increased cognitive function, prevention of depression, and an overall increase in perceived well being along with many other benefits (Hautier & Bonnefoy, 2007; Wanderley et al., 2015).

ii. Setting of the Program

The setting of community programs can play a role in the mental well being of older adults (Kerr et al., 2012). Research has shown that spending time outside in nature can improve mental health and contribute to an increased quality of life. Studies combining physical activity and time outdoors found that there was a significant decrease in depression symptoms, increased quality of life, reduced fear of falling, and increased functional performance in older adults (aged 65+) (Kerr et al., 2012). Outdoor programs have shown to be much more sustainable and able to reach and encourage seniors to participate in physical activity rather than very structured indoor programs. A large focus has been on parks, due to their accessibility and low-cost/free nature for visitors, making them a perfect setting for encouraging health (Chow, 2013). Also, exercising outdoors was associated with longer exercise periods and increased enjoyment during exercise bouts (in part due to social interactions that occur while outdoors). Finally, even brief exposure to sunlight has shown to increase vitamin D levels, which is important for maintaining bone health (Fuber, Pomroy, Grego, & Tavener-Smith, 2014; Kerr et al., 2012).

Some of the physical benefits reported by the use of the outdoor fitness equipment has been increased range of motion, improved cardiovascular and cardiorespiratory function, decreased muscle soreness, and increase strength. Benefits have also been seen psychologically

and socially (Chow, 2013; Fuber et al., 2014). It has also been stated that outdoor fitness equipment involves all aspects of the human body, which includes balance, coordination, strength, elasticity, mobility, and agility (Chow, 2013).

iii. Other Similar Programs

For many people who are health conscious and also financially unstable, outdoor fitness trails are a great alternative for staying active and getting outdoors (Madren, 2013). Some countries that have outdoor fitness equipment installed are Canada, Australia, Spain, Portugal, the United States, and many Asian countries (Chow, 2013; Fuber et al., 2014).

Modern outdoor exercise equipment is weather resistant, requires little to no maintenance, and is made easy-to-use. It is becoming a popular addition for parks and recreation departments to help promote physical activity and getting outdoors. A benefit to having a recreation department attached to the equipment is that they may provide fitness instructors or group fitness programs, which can be helpful for older adults who may not be comfortable exercising on their own or unsure of new equipment (Madren, 2013). This was seen locally in the summer of 2009 when the city of Kelowna installed outdoor fitness equipment by Parkinson Recreation Park. The vision for installing the equipment was to improve older adults health and access to free exercise. City staff will orientate older adults on the equipment, and during seniors' week recreation technicians run older adults through circuit designed programs (Castanet, 2011). Polson Park in Vernon also installed outdoor fitness equipment in 2011 in a circuit type setting with machines focusing on strength, balance training, and core strength. They offer free orientations on how to use the equipment through their parks and recreation department, and want to encourage a safe environment with participants feeling comfortable

using the equipment, thus leading to increased adherence (The Morning Star, 2011). Other areas where parks are incorporating outdoor fitness equipment in the Okanagan include Penticton, Peachland, Lumby and Sicamous (Castanet, 2015).

San Antonio, Texas installed 24 outdoor fitness areas across city parks throughout 2011-2012. Each area had 5-8 pieces of equipment and was situated in parks surrounded by populations with increased levels of diabetes. In order to increase use of the equipment, the city offered free zumba, yoga, Pilates, boot camps, circuit-training programs, walking for seniors, and other exercise programs. Surveys showed that the installation of the equipment increased the use of the park by 39.13-58.33% (Madren, 2013).

In Miami-Dade County, Florida, fitness areas with 6-9 pieces of equipment in each were installed across 10 parks in 2012. These fitness areas were strategically situated in low-income areas where access to a gym or the cost of membership may be a hindrance. Equipment was also installed in neighbourhoods that had increased rates of cardiovascular disease. To encourage use, the country planted trees that offered shade for users. The county also offers programs for older adults that help them become comfortable with the equipment and track their progress in logbooks (Madren, 2013).

Los Angeles, California has been installing outdoor fitness equipment since 2006 and currently has over 40 fitness areas, with 3-8 pieces of equipment each, in parks across the city. The city's department of Parks and Recreation has reported high use of the equipment. The city's primary intention was to build fitness areas in low-income neighbourhoods where individuals could not afford gym memberships or have access to fitness facilities. Due to popularity, the city is currently in the process of constructing 50 new fitness areas, which is the largest outdoor fitness expansion initiative currently in the U.S. (Madren, 2013).

iv. Success and Issues Faced by Similar Programs

Safety concerns haven't been an issue regarding adult use of outdoor fitness equipment but concern has been voiced in terms of the equipment's continued maintenance and that it needs to occur (Chow, 2013). Outdoor fitness equipment stakeholders such as manufacturers, urban planning professionals, park and recreation administrations, and local authorities are responsible for enhancing equipment design and safety regulations to ensure that outdoor fitness equipment installations maximize benefits and minimize drawback, and keep up with the maintenance (Chow, 2013).

San Antonio Texas, Miami-Dade County Florida, and Los Angeles California, which all have extensive outdoor fitness equipment areas, have reported high rates of success in regards to use of the equipment. Long line-ups for the equipment are seen starting first thing in the morning and feedback from users and the communities are positive (Madren, 2013). Older adults have also reported enjoying the equipment and its ability to help increase their range of motion and assist in independent living (Chow, 2013).

Many children also use the equipment, however due to equipment being made for adults, most injuries reported are due to children falling off of the equipment. Therefore, it is suggested that there needs to be a safety policy in place while using this equipment, such as there is for playgrounds, as safety concerns should always be of utmost importance (Chow, 2013). Each piece of equipment does come with instructional labels that indicate appropriate users, age-specific restrictions, and how to operate the equipment (Chow, 2013).

v. Evaluation Model

a. Description of Evaluation Model

The Accredited Community Health Program Evaluation Model is an internationally used process focusing on improving quality, safety, efficiency, and effectiveness of health programs (Accreditation Canada, 2014; Severance, 2009). The accredited community health program evaluation model can be broken down into 10 questions: 1) What needs/resources need to be addressed? 2) What are the desired outcomes in terms of goals, target demographics, and objectives? 3) What evidence-based tools and best practices will help reach desired goals? 4) What actions are needed to help the program fit into the community? 5) What organizational capacities are needed to make the program work? 6) What is the plan for the program? 7) How well was the program delivered as intended? 8) How successfully is the program working? 9) How will continuous improvement be implemented? 10) Is the program sustainable?

The completed evaluation provides a summary of the program, factors measured, and the results, which can easily be shared with stakeholders (Severance, 2009).

b. How and Where is This Model Being Used?

The Accredited Community Health Program Evaluation model is a highly practiced model that can be used as a guiding outline for community health programs and health care organizations to establish the value and quality of programs or interventions (Pomey et al., 2010; Severance, 2009).

In 2013, accreditation evaluations were done in 381 healthcare and social service programs throughout Canada. These programs consisted of long-term care, health systems, acute care, aboriginal health services, home care, respiratory services, rehab centres, and mental health

programs (Accreditation Canada, 2013; Severance, 2009). Accreditation helps improve the performance of healthcare organizations for the benefit of their clients and the health system and is mandatory throughout Alberta and Quebec, with the Health Council of Canada recommending it become mandatory across all Canada (Accreditation Canada, 2014). The Accredited Community Health Program Evaluation has been approved by the accreditation program health care leaders to help establish opportunities within the community that relate to health promotion and disease management (Severance, 2009).

c. Effectiveness and Reliability

When trying to strive for reliability while using the accreditation model, there are a number of issues that need to be addressed. Due to the diversity of health programs, it is important that the evaluation team have advanced competency in the area of health under review. Also, due to the heavy workload associated with this model, it is important to not overwhelm organizations with the tasks involved. Due to the extensive use of the Accredited Community Health Program Evaluation throughout the healthcare system, this model has become a credible and reliable source for community health evaluations. If done proficiently, this model will lead to increased efficiency, evidence based decision-making, and better patient health outcomes. (Greenfield, Pawsey, Naylor, & Braithwaite, 2009; Severance, 2009).

d. Pros and Cons of Accredited Community Health Program Evaluation

There are many pros and cons to the accredited community health program evaluation model. Some pros include improved communication and teamwork, the use of an ethical framework, over 50 years experience behind the model, and supporting the efficient use of resources and services (Accreditation Canada, 2013; Accreditation Canada, 2014; Severance, 2009). Some cons include the heavy workload associated with the evaluation process and the

difficulty associated with measuring improvements in community health (Accreditation Canada, 2014; Severance, 2009).

vi. Cultural Issues

There has been a huge influence on ‘active aging’ especially in the efforts to improve the health in the senior population. Research that has been done has proven how valuable regular physical activity is with regard to prevention of disease and maintaining health in the older population, yet there are still many older adults not participating (Chow, 2013).

Some self-reported barriers to physical activity by older adults include lack of knowledge, fear of falling/injury, accessibility, not having enough time, and transportation. (Smith et al., 2012).

In Canada there is the issue of older adults failing to identify chronic health conditions prior to physical activity or exercise (Smith et al., 2012). Although 89% of older adults in Canada have one or more chronic health condition, many still refrain from acknowledging this, which can lead to negative consequences during exercise (Smith et al., 2012; Statistics Canada, 2010).

Older adults have reported having a safe, aesthetic, even surfaced environment with resting spots as important when being physically active, and being pushed too hard as a determinant to exercise (Bethancourt, Rosenberg, Beatty, & Arterburn, 2014; Smith et al., 2012).

vii. Data Collection Methods

High quality data collection is important for obtaining reliable knowledge and information. Quantitative research is one main stream of research. This stream is used to help

quantify an issue or topic and discover its prevalence. A common method of quantitative data collection is surveys or questionnaires (McGill, 2015). One main feature of surveys is that it standardizes questions. Social scientists believe that this is a minimum criterion for data to be used for hypothesis testing. If participants are asked differently worded questions, results are no longer comparable (Axinn, & Pearce, 2006).

To help standardize questions, surveys are transformed into questionnaires. This not only increases the structure of the survey but ensures that participants receiving identical questioning in order for the response to be compared. Standardization also allows surveys to be given to large populations, which is positive because larger sample sizes are typically considered more reliable (Axinn, & Pearce, 2006).

Also, the use of online or mailed questionnaires enables participant response without the researcher having to directly contact the participants (Axinn, & Pearce, 2006). They allow data to be directly entered into a database, are inexpensive, and can be quickly administered to large numbers of people. Possible negative effects include the potential for sampling bias and non-responses (Willis-Stuart, 2015).

Another mainstream of research is qualitative research. This stream is used to gain insight into an area or subject that little is known about. It may help identify a problem or develop new ways in which to approach an issue. Qualitative research can also be appropriate for gaining insight into individual’s attitudes, beliefs, and perceptions. This in turn may shed light on a program's success in meeting the needs of the target demographic (Chow, 2013). Common methods of qualitative data collection include interview or observation (McGill, 2015).

Observational methods of data collection tend to be unstructured which can lead to unique perspectives. Observational methods of data collection may occur via direct observation,

unobtrusive observation, or participant observation (researcher puts themselves in participants shoes). Because observational techniques can be demanding, it is typically not used on large groups of participants. Data produced comes predominantly as field notes and/or recordings (Axinn, & Pearce, 2006).

Less structured interviews can also be a beneficial method of data collection. Unlike questionnaires, interviews may lead to issues that the researchers had not yet thought of and may also be helpful for those with low literacy. A major limitation to interviews is the time and resources they take to conduct, compile notes, and transcribe audio recordings. Another downside to interviews is that due to researcher-participant interaction, the potential for researcher influence regarding participant responses is present (Axinn, & Pearce, 2006; Willis-Stuart, 2015).

Detailed Program Description

i. Name

The name of the program is the Peachland Outdoor Fitness Trail Program; Evaluation Using the Accredited Community Health Program Evaluation Model.

ii. Vision

The vision of the Peachland Outdoor Fitness Trail program is to create a community focal point for healthy social interaction amongst friends and different age groups. The intergenerational relationship between young and old will help build community strength and support. The program will benefit individuals who are intimidated by structured fitness programs or fitness rooms. Individuals will be able to build up and achieve higher confidence levels over time. The volunteer mentorship program will be an ideal way to introduce new people to the

equipment, physical activity, and creating a community focal point for social interactions. All in all, the vision of the program is to develop an active healthy participating community.

iii. Goals and Objectives

Peachland's fitness trail program is evolved around a number of goals for its participants within the community. One of them is to create an outdoor recreation space that reduces the barriers to fitness and increases social inclusion and recreation opportunities. The trail will allow anyone in the community the access to the equipment and space to help promote full social and physical participation potential within the community. The program aims to help promote volunteerism among seniors and other generations. This will help engage the seniors in the community through mentoring of others. The additional goal of the volunteer program is to include processes for recruitment, training, and recognition amongst participants. Another goal of the communities was to receive capital funding for the trail program; this goal was achieved with a federal grant from Canada's New Horizon for seniors program for $20,500, which has had a substantial impact in the development of the Peachland fitness trail. A common goal shared by the district of Peachland, community services, and the recreation department is to inspire groups and individuals of all ages to develop and deliver recreation programs and events that engage and empower people of all ages and skill levels.

iv. Target Population

Peachland's fitness trail programs main target population was to the seniors, but as mentioned above in the programs goals it can be used by all ages. Seniors aged 55-85 years are the main target for the program and would likely benefit the most from the trails activities. These seniors come from all different backgrounds when it comes to physical activity and these

include; Participants in extraordinary condition, rehabilitating participants, and those who participants are completely new to exercise and physical activity. With no cost to use the trails equipment, the program aims to target low-income participants as well, breaking down that cost barrier. The trail is located right on the highway and in the center of the community making it easily accessible to those geographically or socially isolated.

v. Activities

The programs activities are all along the fitness trail, which houses the fitness equipment and field space. This outdoor fitness equipment includes a rowing machine, balance beam, double rotator, seated chest press, swing board, chin up bar, seated leg press, double hip flexor, parallel bars and total body row. The rowing machine targets the back and bicep muscles. The balance beam allows for balance and core development while also adding a support bar for added safety if needed. The double rotator allows for mobility and flexibility in the arms and shoulders. The seated chest press works the chest and triceps muscles. The swing board helps develop core strength and balance while also adding the element of fun from swinging. The chin up bar is a challenge, but is a great way to develop upper body strength. The seated leg press helps strengthen the lower body. The double hip flexor helps improve and aid in hip mobility. The parallel bars can be used for stretching and mobility work, and the total body row provides an upper and lower body challenge. The outdoor fitness trail runs for a 1km stretch throughout Lambly Park. Fitness stations are spaced out over the length of the path, which allow for cardio exercises to be performed between stations.

vi. Organizational Structures

Peachland's outdoor fitness trail program has seen contributions from numerous partners and stakeholders within the community as well as outside. The main contribution came in the form of a $20,500 grant received from the Government of Canada's New Horizon for Seniors Program. This was the main stepping-stone in the construction of the fitness trail. The District of Peachland, the project head, first initiated the idea of a community fitness trail and applied for the government grant. The Peachland Lions and Rotary Club also contributed a major donation of $14,000, which became essential for the structure of the program. The Peachland wellness centre really took on the actual program incorporated within the trail and developed the volunteer mentorship program. When it came time to develop actual physical activity programs, the wellness centre turned to the human kinetics students of the Okanagan College Penticton campus. The students helped develop numerous activity programs suited for beginners to advanced participants and created sustainability within the program. Other partners involved in the organizational structure of the program include Interior Health and Flaman Fitness, which provided a 15% discount for seniors wishing to purchase bands for personal use on the outdoor trail.

vii. Success Indicators

Some indicators of success for the Peachland fitness trail would include improved access to physical opportunities, improved participation of physical activity, an incorporated sustainable volunteer mentorship, and a social intergenerational connectivity. The trail allows for individuals to get outside in the beautiful Okanagan weather and be physically active, whether a newcomer or experienced participant to physical activity. This is a positive and added benefit to the

community of Peachland and a major success indicator of the program. For the seniors that may require assistance with the activities or finding physical activity opportunities, the sustainable volunteer mentorship would benefit the community immensely. With the tennis courts and skateboarding park alongside the fitness trail, the community of Peachland really hopes these will add to the social and intergenerational aspect of the program. This would be a major indicator of success within the community and program.

viii. Demographics

The population within the community of Peachland is approximately 5000 people with a strong influence of seniors. This was one of the key reasons for development of the fitness trail program. Another was to provide those individuals who are new to physical activity the opportunity to participate in a non-intimidating setting within a friendly and social environment.

ix. Disease

There are no real focuses of one specific disease, but rather disease prevention such as osteoporosis, heart disease, hypertension, metabolic syndrome, and other diseases associated with poor health. The fitness trail allows individuals to be physically active and help prevent those diseases as mentioned above. This is a very important aspect for a healthy quality of life.

x. Stage of Development

The community of Peachland, most specifically the Rotary club first had an idea of an outdoor fitness trail back in 2011. A grant was first applied for in the fall of 2011, the application

took over a year to go through and finally become processed. In 2013 the community of Peachland received an application entailing them that they had 6 weeks to determine if the outdoor fitness trail was a goal. The rotary and lions club chipped in their grant and the program started to develop. Equipment installations and construction began within the year and the trail was born. The Peachland outdoor fitness trail program is in the "Process" stage of development, meaning it's within its first two years of operations.

xi. Cost

The financing for Peachland's outdoor fitness trail came at no expense from the participants within the community but rather from grants and donations received. The federal grant of $20,500 received from Canada's new horizon for seniors program covered equipment installation and construction costs. The $14,000 grant received from the Peachland Lions and Rotary club covered the equipment itself. In terms of staffing costs, which included a personal trainer at $22.24/hour, an active aging coordinator at $30.85/hour, and a marketing team, the total staffing cost was $6650.88. Marketing costs that included newspaper and promotion flyers accumulated to $935. Community development costs involved setting up volunteers and purchasing of food for the grand opening of the trail totalled $256.22. All in all a grand cost total of $19,599.33 was accumulated for the development of the Peachland outdoor fitness trail.

Ethical Considerations

After completing the ARECCI screening tool, our health program evaluation received a score of 10, and is described as a program that involves somewhat more than normal risk. This is due to having inexperienced project leads, with our group being all students. The ARECCI asks

that we get a Second Opinion Review, which is someone who is not invested in our evaluation and the outcome and who has ethics review training. Since our evaluation involves people within the community, ethical considerations must always be at mind as not to put them at any risk. Our questionnaire that has been administered to the public only asks for an age, as we want to keep the survey as anonymous as possible and not collect any private information on a participant that is unnecessary to our evaluation. Also the questions asked are impersonal and are not of a sensitive nature.

Methods

The Accredited Community Health Program Evaluation Model was used as the basis for this evaluation. Building off the models 10 fundamental questions, qualitative and quantitative methods were used to collect data.

Looking at qualitative methods, interviews were used as a means of data collection. The evaluation team conducted interviews with the Director of Community Services for the district of Peachland who acted as the Program Director as well as outdoor fitness trail and equipment users. Interviews were used to gain insight on the strengths and weaknesses of the program, program history and implementation, and general feedback.

Due to the program running from April to November and the evaluation occurring approximately February to March, difficulties arose trying to contact certain stakeholders of the program such as participants and some staff. The evaluation team was able to have an in-depth interview with the Program Director in which information was obtained regarding the needs and resources of the program, the goals, target population and program objectives, the best-practices and evidence based resources being used to reach goals, how the program fits the community context, the organizational capacities needed to implement the program, the plan for the

program, its implementation fidelity, how well the program is working, how continuous quality improvement is intended to be met, and how will the program be implemented in a sustainable fashion.

Less structured interviews were also conducted with fitness trail and equipment users. These involved obtaining general feedback on what users liked or disliked about the trail/equipment and consisted of little structured questioning by the evaluation team.

Looking at quantitative methods, surveys and questionnaires were used to collect data. An online survey/questionnaire was administered using SurveyMonkey to participants. These surveys were distributed on Facebook, the District of Peachland website, and sent to participants emails. These survey/questionnaires focused on participant and trial/equipment users satisfaction. Handout versions of the survey/questionnaires were also administered to fitness trail/equipment users on site.

Results and Discussion of Results

The interview with the Director of Community Services as well as the Volunteer and Program Coordinator were conducted using the framework provided by the Accredited Community Health Program Evaluation. Knowledge of the trails history, implementation process, as well as feedback to the current state and functioning of the outdoor fitness equipment on the trail and seniors program were the main objectives of the interview. The program administrators highlight that overall they are satisfied with the program and that it has met all expectations initially set out, as well as received “all great” feedback from public perception of the program.

The program has done well in meeting the goals originally laid out which were to promote volunteerism among seniors, engage seniors in the community through mentoring

others, and support social participation among seniors. The program is currently delivered by way of 6 volunteer mentors trained by the Wellness Centre in accordance to the UVIC 'Active Choice' program. These individuals currently meet the demand seen by the program, although it has been noted that a fluctuation in participation has been observed within the program.

An initial surge in participants requesting volunteer support was seen with the establishment of the program in 2013 but has since dropped as people become comfortable with the equipment. The promotion of the program via senior social groups as well as the Peachland Wellness Centre and Daily Courier have done well in promoting the use of the equipment on the trail and programs as well as continuing to encourage local seniors to attend info sessions on becoming volunteers.

Questionnaires were provided to the community by the Wellness Centre, Facebook site, program website, and emails sent out in the form of SurveyMonkey as well as on-site evaluators using a paper form also provided insight from the participants point of view. Again, the overall feedback was very positive. Seniors over 65 were the most respondent group and the range was from 44-86 years old. When asked what they found most useful about the program, the overall accessibility and location of the machines was listed most frequently. Additionally, there was praise for family friendliness of the trail, pet friendliness of the trail, ease of use in regards to the machines, as well as the variety of machines. In the satisfaction portion of the survey the trail and equipment received mostly positive reviews. The lowest satisfaction was with the access to restroom facilities. The additional comments section for the trail were again positive, commenting on how the outdoor fitness equipment on the trail is a great addition to the community. Some feedback provided suggestions to include additional benches on the trail, restroom facilities, additional water fountains and also asking for more equipment.

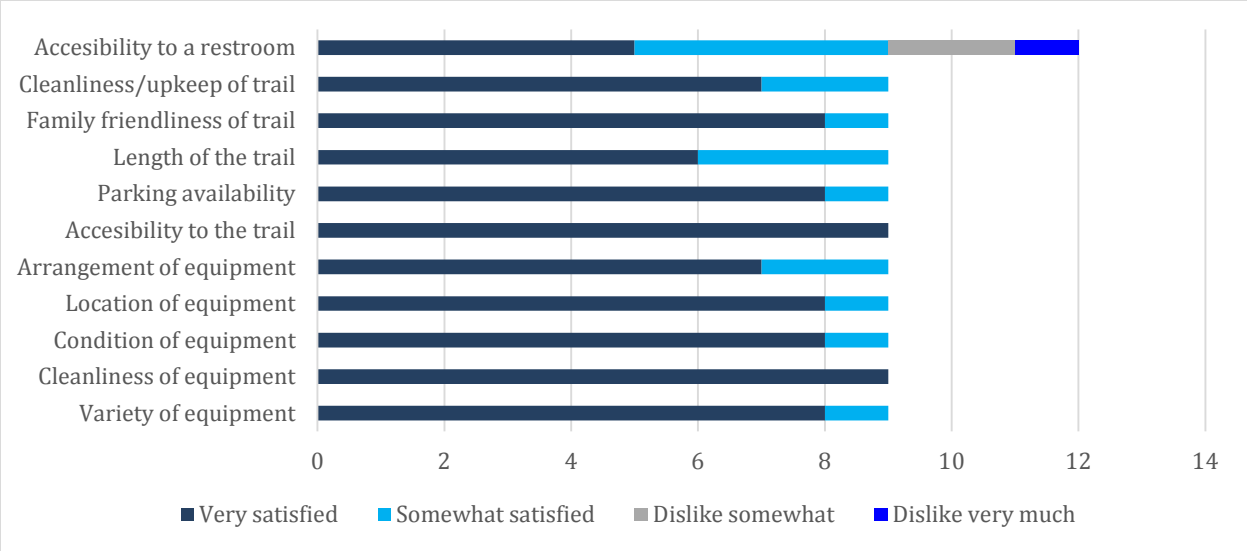

Figure 1. Participant Satisfaction Survey

Conclusion and Recommendations

As can be seen in the interviews and questionnaires conducted in this evaluation, many of the initial goals outlined for the program have been met with much satisfaction from the community and the program administrators. High praises have come from the community in regards to the ease of access to the trail and the equipment, the family friendliness of the park, the cleanliness of the park and the social connectivity experienced when using the trail. To further increase the many benefits that this community program has already established, a few recommendations have been developed by the evaluation team to help this program continue to thrive in the District of Peachland.

One of the goals and success indicators that the program achieved was to reduce the barriers to fitness, and increase social inclusion and recreation opportunities for seniors in the community. To further these successes, similar programs show that the establishment of more group fitness classes utilizing the trail and equipment will help promote and encourage seniors to participate. Further development of the programs created by the Okanagan College Human

Kinetics students and lead by volunteer mentors will help encourage seniors to take advantage of the trails outdoor fitness equipment as well as help get them acquainted with proper techniques and form.

Additional promotion of these programs as well as the accessory equipment available to individuals interested in using them may also help with participation and adherence, as many seniors were unaware of the tools at their disposal. Inclusion of fitness programs specific to chronic diseases associated with aging may also promote self-confidence and reduce the risks associated with those individuals who suffer from a chronic disease.

Questionnaire participants also asked for more equipment, if the program continues to see success and a higher volume of individuals use the trail, more equipment will help reduce wait times and allow for bigger groups to use the equipment without trouble. The questionnaire also made requests for additional resting areas along the trail. As the majority of users are seniors, additional benches in the future will make a great addition.

Our final recommendation is in regards to the facilities of the trail. Increase in access to public restrooms and drinking fountains were the biggest request from the public and would benefit all users of the trail. As a result of this evaluation it is clear that the program is very beneficial to the community and with the recommendations provided will only continue to promote healthy lifestyles in the District of Peachland.

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APPENDIX