



**ASSESSING HEALTH PROMOTING SCHOOLS:  
A STATUS UPDATE**

**PREPARED FOR**

**HEALTH PROMOTING SCHOOLS INITIATIVE,  
PHE CANADA**

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## Executive Summary

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The following represents a summary of the most salient points arising from a series of interviews and focus groups that explored 'health promoting schools' (comprehensive school health) on behalf of PHE Canada between May and July of 2013.

1. "Health" is viewed as a much broader, more all encompassing concept than just a focus on physical activity or obesity. It includes preparing students to develop effective relationships, to succeed academically, and to be engaged citizens.

2. Although most, if not all provinces and territories have policies that support CSH/HPS, implementation has been inconsistent.

3. Comprehensive School Health, or Health Promoting Schools, therefore, is about more than simply getting teachers to present new content. It is about changing the culture of schools so that they become communities that support "health" through their physical and social environments, the relationships they create, the decisions they make.

4. If CSH/HPS is about culture change, then it cannot be viewed as a "program" that can be imposed from above in the same way as a new curriculum or policy from the Ministry of Education. Rather, it must be nurtured and supported from below. It is vitally important that each school feels that they "own" their CSH initiative, that each initiative reflects the character and priorities of the school and the community.

5. As such, there can be a great deal of variety in what CSH/HPS initiatives look like, although they tend to share some common characteristics:

- Leadership for CSH/HPS is shared across the school community, not located with a single health or phys ed teacher;
- The principal understands and strongly supports CSH/HPS;
- There is a strong sense of local ownership of the initiative;
- The components of the initiative address issues that the school has determined to be their priorities;
- There are strong partnerships to support the initiative (e.g. across the school; between school and community);
- Students are meaningfully engaged in directing and leading the initiative.

6. The challenge of how to support culture change in a school community is becoming better understood. One model that is successful is the introduction of a School Health Champion whose role is not to deliver content, but to be a catalyst for creating the partnerships and the environment that can support CSH/HPS in the school. This can also apply at the Board/District level. Alberta has tested and evaluated this model extensively.

7. Because of the nature of CSH/HPS as more of a process of supporting bottom-up culture change, it is necessary to consider a different approach to supporting dissemination across Canada. Suggestions included:

a) Think of CSH/HPS as a social movement, rather than a program. Some key strategies for supporting the spread of a social movement include:

- Finding and supporting the early adopters who passionately believe in the approach and who have already tried to implement it in their schools. Their passion and commitment makes them excellent people to “spread the word”.
- Start and nurture small fires where there are clusters of interest. This approach of working with small clusters of people helps people to learn from and support each other.
- Connect the clusters of interest so there are opportunities to learn and leverage the experience on a broader scale.

b) Develop a better understanding of the process of supporting culture change in school communities so participants will have a better sense of what they are trying to create, and how to support the process.

c) Develop the indicators and evaluation tools that will allow school communities to track their progress, to reflect and to self-correct.

# ASSESSING HEALTH PROMOTING SCHOOLS

## Approach

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During the period of mid-May to mid-June 2013, the HPS developmental evaluation team sought feedback from ‘healthy school’<sup>1</sup> champions from across the country through individual interviews, focus groups and a two-day intensive workshop. The intent was to try and take the pulse of this type of initiative across the country by considering such questions as: what were the common themes; how successful were these initiatives; what were the perceived barriers; what was the state of these initiatives now; and what did the informants believe was needed to move this agenda forward?

The informants came from a wide background of experience including provincial policy makers, teachers, principals, researchers, community developers, and regional health nurses. Quite quickly the evaluators were made aware of two competing perspectives – comprehensive school health (CSH) and health promoting schools (HPS). The evaluators were also made aware that while some confusion existed about the difference, for all intents and purposes those differences seemed minor and often semantic. More importantly that confusion over language tended to mask the actual experience in schools. “The notion of Healthy Schools is a great one but there is a bit of a disconnect between the concept and what actually goes on in schools.” We observed that the BC government seemed to think similarly, making note of the two different approaches in their *Healthy Schools BC Resource Guide*<sup>2</sup> but essentially treating them as a single approach for developing healthy school communities. Consequently the evaluators have adopted a similar perspective.

In doing so, and in consideration of the variety of perspectives we sought feedback from, the evaluators defined an interview approach which first tried to establish common ground among the various informants – why were they doing this? This enabled us to identify the shared motivations and passions that these champions exhibited that were motivating them to produce healthy school communities. It also had the benefit of soliciting from them the possibilities that their schools and communities could move toward.

The second phase of these conversations revolved how they believed those future possibilities could be realized, which seemed to boil down to a) *collaboration* - how multiple local, regional and national organizations could work together and b) *shared learning* - how they could structure themselves to effectively learn together from the evolving patchwork of CSH/HPS experience across the country.

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<sup>1</sup> We took this to refer to initiatives framed as either as ‘comprehensive school health’ as well as ‘health promoting schools’.

<sup>2</sup> Healthy Schools BC, *Healthy Schools BC Resource Guide*, DASH BC, September 2012

The third phase of these conversations delved into what the informants felt was required to move the healthy school community agenda forward. Some of these comments tried to address barriers, some focused on opportunities and some comments were directed at the potential roles of PHE Canada and the Joint Consortium for School Health both within the context of the Lawson funded HPS initiative and more broadly.

In addition to the comments by the various informants which we will explore momentarily, the evaluators also made several significant general observations about the interviewees, including:

- a commonality of purpose, differentiated only by each stakeholder's particular organizational context, leverage and capacity for facilitating change;
- the extent of the change being sought in public education. The increased attention they called for towards more healthy practices in the delivery of education was not regarded as a simple add-on to the existing curricula. Rather it was considered a fundamental re-orientation of what education and schools do – away from being primarily about content delivery towards the development of the necessary competencies for learning and healthy living;
- the level of passion for this issue that was shared by all the stakeholders; and
- the universally recognized need to find better ways to work together across a spectrum of stakeholders – policy makers, school boards, principals, teachers, parents, students and communities -- to bring about the change they all sought.

## **Key Messages**

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### **Why Are We Doing This?**

#### **We need to enunciate and communicate more simply the transformational agenda**

We were reminded several times that ultimately, education should be a process that turns children into successful adult citizens, “the main mission of the school is to prepare young people for citizenship.” These citizens need to be able capable of learning effectively and living happy, healthy lives within their communities. “We want to encourage both student health and student achievement. To do that we need to find ways to enhance and empower students themselves by fostering the competencies and skills that develop their health literacy.” When they graduate, “they have knowledge certainly, but they have also developed healthy behaviours that will last them a lifetime; they are well balanced; they know what well-being is and they understand that they are partners in a community.”

“One of the most significant influences on long-term health outcomes is the completion of high school, which is influenced by the connections and relationships that students develop, as well as by their intellectual engagement.” Seen in this way, education is thus a vehicle for health promotion (in the broadest sense) and not just one of content delivery.

This view amounts, however, to a transformation of the industrial-age, educational model that was designed simply to convey content to maturing children who could later fill essentially pre-determined roles in society as labourers, entrepreneurs, professionals, public servants or as community agents. “Healthy Schools isn’t just about adding another subject but it is fundamentally changing the current orientation in which schools are organized to teach and deliver content to students.” “The idea that student health is simply an individual problem that needs fixing isn’t enough.”

Today our society requires adults who can learn effectively in a variety of settings, who can work well with others, who can contribute to their communities and who draw upon public services in only a minimal way because they enjoy high degrees of physical, psychological, emotional, and social health. “We need to address the more holistic notion of wellness in our educational system and develop healthy attitudes and competencies that last a lifetime. Some schools have been very good at promoting this holistic notion of wellness, but as yet we haven’t been able to take this idea system wide.”

“So far, we haven’t been as intentional as we could be in making health and wellness an equal foundation of what we do in schools and so we haven’t been as effective in coordinating all the elements that go into it.” “Without attending to the psycho-social development of students, without them feeling safe and engaged in their schools and in their communities, many students won’t graduate, creating a life long burden for the whole society.” Consequently, “we need to be better at communicating the big picture of where this CSH / HPS agenda is going to lead us.”

“In my province the CSH approach has been adopted, and it is an approach that is reflected in all the policies and language that govern our schools. Yet there has not been any major initiative to support the implementation of CSH into the province’s schools.”

“What we are trying to do is to change the very culture of the schools themselves.” This amounts to changing the mind sets of governments, educators and parents as to what education is all about and what schools are meant to deliver. The shift is from being primarily about delivering content to being primarily about developing the capacities for learning and healthy living. As this shift gains momentum we will see new educational cultures evolve in schools that fully integrate knowledge, health and well being. “We’re transitioning from teaching health as an add-on piece of content, to a process of engagement with our students, parents and community members in a process of inquiry.”

Still, we are in the early stages of this transition and several people identified the need to articulate better where all this will lead us. They said that we need to show that this health lens is important: to students; to parents; to teachers; to administrators; and to superintendents and trustees – and do so all in their own language. “We [also] need to find ways to enhance and empower students themselves by fostering the competencies and skills that underscore health literacy.” Learning the skills and competencies to live a healthy life should be on the same level as learning the competencies of how to learn we were told. The educational process should be designed to develop these competencies

together. “We should promote understanding and assist in coordinating all the possible levers for ensuring that student health develops in an integrated, holistic way.”

“Downstream we are spending so much money on ill health, on anti-social behaviour, on lowered productivity and if just a small amount of that cost was redirected towards healthy schools it would be recouped many fold.”

Among our interviewees, there was consensus that bringing about this attitudinal and cultural transformation would not be accomplished by a single stakeholder. It would require all of them to learn and work together. In particular there is a need to “bring down the walls between schools and their communities” and begin nurturing students as members of a community. For students to enjoy a multifaceted experience of health, it was suggested, the community must participate more in the educational process.

“The issue of CSH is very broad and complex. It shouldn’t be thought of as some sort of ‘12 step’ approach to reach X outcome’. Education is not a product, it’s not a program. It is, however, a process and if you want to change it then you need to think of changing systemic practice. While educating parents, teachers and everyone to the need for healthy schools is the first step, until you change the environment in which our schools operate we will not make a big change.”

## **How Do We Go About This?**

### **How to get all the organizations to work together**

That “none of us can do it on our own” was a central message. “No one of us – governments, schools, not-for-profits or communities – can do this on our own. In that regard, our approach should not be directive and prescriptive, as in ‘why are you not doing this?’, but it has to be supportive as in ‘how can we help?’”

“Potential partners don’t know how to work together, share their knowledge or share their resources. Everything seems to happen in isolation and in silos.” Even at the Ministry level, “we don’t always know where healthy school communities are active, and individual schools and teachers don’t always know who’s doing what.” This working in silos is not just a local phenomenon but a national one. As we conducted our interviews we became aware of pilots all across the country, most of whom were largely unaware of each other’s experience.

“At the Ministry, one of our strong goals is to foster partnerships within the school districts. We recognize that to improve school and community health we need to improve the local capacity to work together – including students, teachers, school administrators, districts, and communities themselves.” Yet local partners don’t always have the know-how in order to work together. They need help to forge productive relationships that will be sustainable over time.

“In our case we did the healthy living survey to determine our school’s strengths and weaknesses, and then formed a committee of teachers, staff, parents and students to run the program. Some money was used to buy equipment for after school programs. Some money was used to minimize the fee to families or to provide subsidies to low income kids. Some money was used for our school breakfast program, *Wheaties Wednesdays*, which the grade 5 students run based on the guidelines from Action Schools.” The message here is that the solutions adopted were those that all the school’s stakeholders were willing to undertake and support.

The evaluators made an interesting observation that while provincial and territorial governments have had healthy school policies in place for as much as ten years, the implementation of those policies has remained largely sporadic, led by a few (good) pilots here and there. When we asked people to comment on this, we found them pointing to government’s inability to impose school-centric solutions and the need for grassroots implementation. “Instead of the traditional programmatic approach where we (the government) decide what needs to be done, we have come around to the position that we must promote local understanding and assist in coordinating all the possible local levers for ensuring student health in an integrated, holistic way.” “We need to try and encourage school districts to influence the HPS agenda and develop healthy schools in their area.”

“The foundation piece of Joint Consortium for School Health is helping to make health a policy and program lens for the delivery of education and we need to build change on this basis.” In addition, “having the provincial and territorial ministers providing their support and having this on their agenda has helped to support some pioneering work and ways of working together.” It was suggested that an ongoing, national conversation that included all those involved would also be very helpful but informants weren’t entirely certain how to have that conversation. “One thing we might do is to map out what’s being done across the country” as a way of knowing who’s doing what where.

“There’s a lot of really great work being done on HPS by a lot of people, but from my position the main challenges are around:

- How do you get the information and support into the schools and into the hands of teachers? DASH, PHE Canada, JCSH, and Ever Active Schools in Alberta all have something to contribute here.
- How do we get all of these organizations to work together effectively?
- Everyone wants to create resources and tools and put them online. Can we create an online portal that DASH, PHE Canada and the other organizations in other provinces can all contribute to?
- And, can we do this in a way that each local organization doesn’t lose its identity?”

If such an online portal were possible, what would it look like? Some suggested that each organization should be able to see themselves in it. Everyone should be able to contribute to it. It should be a forum with diverse perspectives, not just teacher centric, but inclusive of health practitioners, parents, community residents, and students. It should also bring together research, policy and practice and its goal should be to develop a broad coordinated approach – and not just as a coordination vehicle between JCSH and PHE Canada.

Several people pointed out that if they could be “collectively sharing the same message, [they] could be working towards the same aligned vision” even though they would be working independently in their own areas. “If people understand why [change is needed] then they can almost organize themselves. If they can understand why, they can figure out how and what. So I think we need more stories and more data so we can better depict why this change is necessary.”

“The challenge here is to recognize the contributions of all the existing players, and maybe provide those additional linking pieces that can help them translate from one context to another, assist people in sharing resources, helping them find the best ways to collect and share stories and data, and help identify how teachers and school administrators can support each other directly -- one school to another.” We are working towards a ‘balance of power’, if you will, in terms of school decision making (principals, parents, teachers, and students themselves), between communities and governments at all levels (shifting funding towards health promotion rather than remediation), and between our social and school environments (children who are connected, teachers who love their jobs, community infrastructures that promote physical activity and belonging).

### **How do we foster our collective learning?**

“We’re not taking the approach that we know what’s best at the centre and that everybody has to do the same thing. Local ownership is key in order to tailor responses to local needs and to make it all sustainable in the long run.” This means the process for implementing healthy school communities is dependent on local engagement and social learning. This calls for the development of local systems of feedback that lead to both local and national learning. It was suggested that teachers, principals and school boards should all be encouraged and motivated to demonstrate on an ongoing basis how they are trying to fulfill policy direction of healthy school communities. “So while we may have provincial guidelines in place, no one is checking to see if those guidelines are actually being met. There is a cultural dimension to all of this and we don’t have any means as yet of measuring our progress in making that cultural shift.”

However, instead of the traditional compliance accountability, it would appear that there is a need to construct processes of learning accountability to be able to assess progress in the many different local contexts. Knowledge on the subject of healthy school communities is still emergent. “At this stage we still need to understand what is really doable in schools, even more than ensuring that teachers and schools are doing their bit. We need to understand what they may be accountable for doing before we make them accountable for it.”

To help promote that broad learning DASH BC, for instance, has shared its grant inquiries and applications among all its schools to foster a sense of who is doing what, where. BC is also providing support to schools by using regional champions to help share experiences and provide advice (although the number of champions is recognized as being too few and their contacts with schools too infrequent). Alberta is also providing

support for district level champions and APPLE Schools in Alberta has been doing detailed research on the role of the School Health Champions in facilitating change in schools, and how this role might best be supported.

These experiences need to be shared more broadly. The question is, how? “We need to bring together better research, policies and practice experience. I think this is what’s needed to take things to the next level.” Better ways must be found, we were told, to support connectedness among schools and among teachers so that they can connect directly to each other and share their ideas and experiences. Further, it was suggested that if we want to improve both local ownership and local learning, then there also needs to be improved communication to the public.

Given the repeated emphasis on instigating a cultural shift, “we need to be sure that CSH and HPS become an integral part of the education curricula.” “Currently, there’s no teacher education around Health Promoting Schools. We are not systemically training teachers in pre-service to be able to deal with health once they’re actually in the school.” “What we are talking about is a whole system shift that puts healthy student development on the same level in education as the 3R’s.” Yet “sadly, the notion of healthy schools seems to be dropping off the radar in many education faculties. It’s a great idea but few people today seem to be taking it seriously any more.”

That cultural shift is not only within schools or education faculties. The notion of ‘healthy school communities’ represents a shared responsibility amongst the whole community but that remains a stretch for many people and not just those directly involved with schools. Things are changing though. “We can begin to see this in the move by the Ministry of Health and Long Term Care in Ontario to recognize the importance of local health agencies in contributing to healthy schools.”

In summary, it would appear that to improve collective learning on healthy school communities, there is a need to improve information sharing all around.

## **What Do We Need To Do?**

### **Address the disconnect between concept and what goes on in schools**

While from a provincial policy perspective, comprehensive school health appears to be well-integrated, its implementation in schools is spotty causing several people to suggest a need to tailor the message of healthy school communities to a variety of community stakeholders, particularly teachers, in ways that they are able to hear it. For educators, this means is that the goals and impacts of CSH need to be framed in terms of education and be consistent with the role of schools to support the academic achievement of students; their engagement in schools; positive social relationships; as well as their leadership and citizenship capacity. The healthy bottom line for some schools is getting students to stay in school long enough to graduate successfully and often this is the lens by which they would view the success of a Health Promoting School initiative.

“Schools are really a perfect setting for the promotion of health in children and young adults, but it requires that the role of promoting health be shared by various teachers in the school, requiring what amounts to a mind shift among teachers.” In order for comprehensive school health to be adopted by teachers, it is important to speak the language of teachers. “The teachers will need to see themselves in any change. They need to understand the long term vision of healthy school communities and they need to see how it connects to their own aspirations as a teacher.”

Currently, health is typically taught as a course by teachers who rarely have specialist training in all the aspects of health, much like in the way physical education is frequently taught by generalists. “We need to show all prospective teachers: that health is important; that it is not simply an add-on subject that is taught whenever there is time; and that health should be seen as a core element of education in order to develop the capacity of the kids to learn and to mature into healthy, happy, well-rounded adults. It needs to be more of an orientation than a subject.”

“Another thing we have to do is to simplify our messaging. We can’t prepare a 25 page academic article and expect most teachers to take the time to read and understand its implications for their own teaching practice. Even the *Healthy Schools BC Resource Guide* is not simple enough. As importantly, we have to show them that they already have the knowledge and skills to make a difference. They shouldn’t have to feel as if they need to go back to school to understand this stuff.”

“An important part of making comprehensive school health fit within the priorities of schools has been the use of language and vocabulary that resonates with teachers and educators. You need to put this into the context of the main mission of the school which is to prepare young people for citizenship.”

But teachers alone are insufficient. “CSH also requires an approach that works with the whole school community. As such, phys ed teachers should not necessarily have the only, or even the lead role.” It was consistently pointed out that all the key stakeholders at the school level (teachers, principals, parents, students and school boards) need to be engaged and involved. As such broad engagement is lacking in most schools, CSH remains largely a “health” add-on, or “one more thing for teachers to do”, so educators have been slow to buy in.

Health is, however, a very holistic concept - inclusive of physical, psychological, emotional and social elements that are inter-related. “Without attending to the psychosocial development of students, without them feeling safe and engaged in their schools and in their communities, the students don’t even graduate, creating a burden for the whole society.” These elements of healthy schools are those that parents and community members can play an important role in nurturing. “Creating healthy schools is a very complex undertaking. It involves bringing many different stakeholders together in partnership.”

Several interviewees identified the role of “School Health Champion” as being critical in the process of supporting the culture change required in schools. “One of the main

challenges for the implementation of CSH is to have an effective champion in the school.” The champion could be a volunteer teacher, a teacher provided with release-time to act as champion or a full time champion that works with multiple schools. “One problem with this is what happens when the champion moves. If there has not been a strong effort to develop a shared ownership for the initiative, the enthusiasm and energy they may have generated withers unless CSH has become a part of the school culture.” What was observed is that this champion function varies from place to place and school to school causing several interviewees to suggest that there was a need to better define both the job and its possible mechanisms of support.

In Alberta, for instance, the role of Health Promotion Coordinator was initially based on having 2 FTE Coordinators in each of the 9 Alberta Health Regions. The job of the Coordinators was to work with the school districts to support district-wide implementation, specifically, to help the Districts to develop their own policies in support of CSH, and to facilitate the work being done by schools. The emphasis was really to help implant and support the CSH approach within the 35-40 districts by helping them develop their own policies (rather than having them imposed from above).

That work initially focused on nutrition, but has been expanded to include areas of daily physical activity and the promotion of wellness. The Coordinators also provided professional development and support to teachers. Alberta Health has taken over the responsibility for funding these positions, which now number 24. In other areas of the country coordinator support is more sporadic or even non-existent. Still the annual symposia sponsored by Ever Active Schools gathers together many health champions from similar schools so they can discuss their roles and shared challenges in order to learn from one another.

Alberta is also home to APPLE Schools, the only initiative in Canada that provides comprehensive training and support for healthy school facilitators. For instance, they provide support (beyond the core training) for:

- Monthly campaigns, including health themes;
- Info for bulletin boards, announcements, etc.;
- Take home material for parents;
- Apples in every school (to be exchanged for unhealthy snacks – they have been a big hit!); and
- A website and resources for facilitators.

“It is very clear that the role of a facilitator is very different from that of a teacher. The facilitator is there to work with the teachers, students and other stakeholders to support a culture change, and rather than being someone who spends all of their time in the classroom. They should be seen as someone trying to work themselves out of a job by transferring their knowledge and skills to teachers and staff.”

Our informants made it clear that principals are important school gatekeepers – they must understand and support the process or it will not move forward. Consequently, they need the tools to support the varying stages in the uptake and support process that include:

- Inspiration;

- Initial assessment and priority setting;
- Visioning;
- Implementation;
- Reflection/assessing impact; and
- Revising the approach

How does CSH/HPS get integrated into a school culture? In one case, the principal agreed to fund planning time and secure buy-in from staff across the school. The school then had a champion who supported the development of partnerships and has been able to secure release time for other health champions on a quarterly basis.

While some limited financial resources are generally available either from government or not-for-profit sources, not every school will access them and even if they did, the amounts rarely cover all the costs involved. So schools will have to discover how to make the best use of their existing resources – both tangible and intangible; paid support as well as volunteer and in-kind. One interviewee suggested that principals and teachers should adopt a proactive view embodied in the question, “what would we do when there is no new money?” If the change being sought is fundamentally cultural, how can schools use these existing resources in ways that encourage the healthy living competencies of their students?

One way to bring about this cultural shift is to make healthy school communities an integral part of the post-secondary education curricula for the training of new teachers in every province. Obviously, this would entail a focus on post-secondary faculties of education that our interviewees indicated was currently happening.

Considering the fundamental nature of the cultural shift involved, several interviewees cautioned us about trying to move too fast. “We need to be patient – the results we want will take some time.”

### **Need to develop health literacy among students**

Again and again we heard that the notion of healthy school communities was much broader than simply providing health courses on fitness, sex education or nutrition. In the minds of our interviewees the concept of health was much more than the simple absence of disease and closer to the more holistic notion of wellness. It was this bigger idea of wellness – inclusive of physical, psychological, emotional and social health -- that the educational system needed to be encouraged to foster.

In this light schools needed to re-imagine themselves as vehicles for nurturing student wellness. In particular, informants pointed to the lack of attention currently being directed towards student mental health, the sense of connectedness that is often lacking among students and the need for students to foster healthy relationships with each other and with adults. For our interviewees, this meant making student wellness not only a policy, but also a program and implementation lens for the delivery of education.

We were told that students can play important role in bringing energy and ownership into this process. Therefore teachers and school administrators should not be afraid to ask, “how can students be engaged most effectively?” Alberta, for instance, has a self directed learning program called the *Healthy Schools Flexibility and Enhancement Program*. “With this students write their own success plans and then are supported to help achieve their goals. A key facet of this is allowing the kids to develop non-parental relationships with adults. This helps them to develop some of the soft skills that they will need in their adult lives.” “What we’re attempting to do is create a ‘new normal’; one that makes active, healthy living a priority, and fosters lifelong habits of healthy living among all children, teachers, parents and communities.”

At one school, they used the healthy school matrix described in the *Healthy Schools BC Guide* to see where the school was doing well health-wise and where it was not. They produced a simplified survey based on the matrix in order to get feedback from administrators, teachers, parents and students. In this school they found that student ‘connectedness’ was the biggest health issue, and that many students felt disconnected from adults as well as their classmates. The school then set a goal is to make the school a place where kids would want to be and to create a space for the kind of social and emotional development young people absolutely require. Another person referenced the work of Ken Cameron on child risk assessment and suggested that there was a need to bring schools, communities and parents together to help address student mental health. Still another mentioned an interesting new study on how student-driven leadership<sup>3</sup>, along the same lines of DASH BC’s inquiry process, had a noticeable impact on improving the results from fostering healthy school communities.

In all of this, one must not forget that education tends to be a paternalistic process involving those that know and those that do not. As a consequence, schools and teachers often “have difficulty dealing with students as partners”. Yet for students to be authentically engaged, this gulf must be bridged and students should be recognized for the expertise they bring on their own experience. “This is a daunting task for most schools.”

### **Need to develop local capacity**

Among our interviewees there seemed to be consensus around the notion that healthy school communities should be locally led. “Every community is unique, and it is important to build the program on what the community already has to offer.” The presumption here is that the local community is more acutely aware of student health needs and is more cognizant of the potential human and physical resources available locally that can be brought to bear to help address those needs. “We need to ask ourselves, who are the people beyond education who can help us make the change?” “I see the key strength [of this movement] being that regional health and school districts are able to set their own shared focus and work towards meeting their own needs.”

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<sup>3</sup> N. Wong, M. Zimmerman and E. Parker, “A Topology of Youth Participation and Empowerment for Child and Adolescent Health Promotion”, *American Journal of Community Psychology*, vol. 46, 2010: 100-114

However, saying this doesn't mean that communities always know how to work together, who to involve, or know what tools or resources may be needed at what time or how to resolve local conflicts. The situation speaks, therefore, to the need for a more facilitative role for senior levels of government. In particular, developing local leadership and local ownership are core elements of healthy school communities that often need to be nurtured. "We have to develop that local capacity to own the issue and to drive the change." Parents, teachers, principals and school boards need to develop this ownership, but "above all, we need to increase the direct involvement of youth."

For instance, "instead of speaking about health outcomes such as a decreasing obesity or an increasing fitness levels, it is more useful to talk about how CSH will help educators support their students in academic achievement as well as in becoming contributing members of the community."

"Any effective solution must involve: students engaged in making their schools healthier places to be in; parents and community organizations engaged with kids and their schools; and a mentoring, facilitative leadership to help bring them all together." Student leadership here is crucial because in the end what healthy school communities is all about is fostering the capacity of students to take ownership of their own health.

Out of our conversations, an area that seemed to be largely lacking in attention was high schools. "It's a bigger job because we're dealing with young, independent adults and any approach has to engage them and must be driven by their ownership of it." Working with high school students requires more of a peer-to-peer style, an approach many schools and community organizations are not accustomed to using with students.

In one CSH school it was reported that "there has been a high degree of participation among the students, as well as the parents" which was then linked to the school running programs in partnership with the community center. "One of the biggest issues has been how to build trust and a sense of continuity among the parents, especially when the parents see themselves as only transitory members of the community." The community centre was neutral ground where parents, students and teachers were on equal footing. "The idea of schools being involved in community partnerships helps to facilitate the capacity of the schools to nurture students as members of a community."

"A powerful insight we've had is that if we begin where they are and where they are interested, then we can be so much more effective. The process of supporting school inquiries into where they are in terms of being a healthy school allows them to take ownership and take the steps that are uniquely suited to their own needs. We've noticed that it doesn't really matter where they start – as long as they start. And then one step leads to another and another. This bottom up, grass roots dimension is the key to success."

In many communities to really make that happen, however, requires somewhat of a restoration of the relationship between schools and their communities. In many communities we were told that relationship has been eroding over the last several

decades. But as one interviewee expressed to us, “the school-community relationship is not a one-way relationship but a reciprocal one. When the school helps the community, the community will help the school.” However, the gulf between schools and their communities should not be underestimated.

### **Need for greater focus on middle level of education – superintendents & school boards**

Both financial support and incentive from the District or School Board level is seen as an important factor for principals and teachers to take the ‘risk’ of creating a healthy school community. With existing policies and pilot experiences, “what’s missing seems somewhere in the middle: how do we connect schools with the knowledge and resources to become healthy schools and how do we enable and support the broad take up by schools.” Another interviewee concurred saying that at this time, “to support the broader spread of CSH, as well as to institutionalize and sustain the initiative, it is necessary to shift the focus of the CSH work to the district school board level.”

This board level support can be in terms of supporting Health Coordinator positions, encouraging the development of clusters of schools that can compare approaches and learnings, also introducing accountability measures that promote regional learning. Unfortunately, according to our interviewees, HPS/CSH seems to be falling off the agenda of many local school authorities due to budget constraints. It is essential that school boards have more local ownership of healthy school communities, set their own focus and meet their own needs but many boards require additional evidence in order to make the issue a priority.

“BC has gone further than any other province in developing healthy school guidelines and trying to see that they are implemented. But in both BC and AB adherence to these guidelines remains voluntary. BC, however, adds the dimension of funding regional support staff to assist schools in transitioning to a comprehensive school approach.” Apple Schools provides similar support but to an even greater degree among its schools. “Still implementation of these [provincial] guidelines remains a district or regional responsibility.”

“My main criticism of [established policies] is that no one is checking to see how well the schools are doing with this approach – certainly not like we do with standardized testing with the 3Rs. We don’t have the appropriate accountability mechanisms to learn the extent of our progress or the ways in which we can improve it.”

“So how can we present our story of CSH or HPS to the district and regional leaders to ensure it remains a priority with them and that they will allocate sufficient resources to support the teachers and schools who may want to make the change?” In response to this kind of criticism, Alberta, for instance, feels its main emphasis should be on the district level to really “embed” CSH. But what kinds of incentives should be structured to encourage teachers to embrace health, not as a subject to teach, but as lens by which all education is taught?

It was suggested that this district or board level is where the focus of advocacy should be. More stories and more research data are needed that focus on these stakeholders. “We need to communicate the message better to superintendents and mid-level authorities to help them make better HPS choices amongst all the things they need to attend to.” In part that message needs to convey to them that without attending to whole child, many students just won’t graduate and as a consequence there will be large, lifetime health and social costs associated with not attending to their healthy development.

One interviewee described how CSH “has now become part of the culture of the school, as well as part of the way the school sees its identity. Kids, for example, get physical activity every single day, and the school has developed its own food policies. Students have also developed their own initiatives around not drinking soft drinks, or creating a soup club, or around encouraging other students to bring healthy snacks to school. Everyone in the school now sees themselves as part of “a healthy school”, one that they helped create. They are proud of that. The attitude from the administration is “this is our culture”.

### **Need to develop resource strategies to support and sustain the change**

Getting teachers to buy into the program is one way to make CSH more sustainable. Initially, it can be difficult to get teachers to support the program. Both principals and teachers can be very protective of staff time, so there may not be a high level of participation from staff initially. Yet what can turn things around is evidence that the program is making a difference with their students.

What does that look like? “The students are able to speak and ‘walk the talk’ of resilience. They can deal more effectively with stress and anxiety and competition. They've increased their leadership skills, and have an increased ability to advocate for themselves – they believe they can make a difference. People from all ages and stages want to do good things in the school. We even have high school students mentoring kids in our school, which has made a big difference.”

Several informants told us that if a CSH initiative is to be successful, it must have strong support from the principal. This has not been automatic – “even in the APPLE schools, it has usually taken about a year for a new principal to figure out what the initiative is about and how they can work with it. And a big part of that ‘figuring out’ concerns their role in working with parents and community partners to support culture change in the school.

As the demand from students and parents has increased, school administrators are becoming more engaged in the process. However, what kind of additional support and investment actually makes a difference in supporting this type of culture change in schools? “One of the main challenges for schools in implementing CSH has been the lack of resources at the level of individual schools.” As one might expect, the Wellness Fund has been a powerful motivator for Alberta schools. But in order to qualify for that funding, schools have had to develop intentional, formalized plans to show how they will develop the necessary competencies to promote school health. Apple Schools in Alberta

is directing some 20 million dollars over five years to support CSH implementation in 40 schools.

Similarly in BC, there has been some funding resources going to schools or supporting health champions. This has helped to create pilots, learn lessons, develop local partnership strategies, create resources, and begin measuring the impact of healthy school communities. Yet most interviewees assumed that provincial governments will not afford significant new spending in this area -- at least not on top of money they are already spending on education. Therefore several informants suggested ABCD (Asset Based Community Development) approaches that could help communities identify how they could make do with the resources they already have.

As a result no matter the number of funded pilots, it would seem that communities themselves must want and take ownership of healthy schools in order to make them sustainable. What then is the best way to do that? This speaks to a need to find complementary roles for school boards, regional health authorities, municipalities, local agencies, and potential donors or sponsors.

Another important question raised by our interviewees was, “with the many pilots that have already been conducted, are small grants to individual schools still the most effective way to promote healthy school communities? At this stage, given the importance of local school champions, might larger grants to a few school boards to hire champions or support release time be a more effective way of impacting many schools at once?”

### **Need to collectively create a national plan**

“I think it’s important that we begin to plan collectively for a national strategy. And we should plan as if money was no concern. We don’t want to plan according to what might be in the budget today but according to what we would really like to achieve here. With that type of plan in mind, we can then begin implementing it according to how much money we may have in any given year.”

There are many stakeholders interested in and actively working towards creating healthy school communities. While this is good in itself it needs to go beyond mere pilots. “Canada has a reputation for consistently being in ‘pilot mode’. We rarely seem capable of scaling things up nationally. Canada is fragmented in many ways and it doesn’t learn very well collectively. We don’t have a very good process for sharing knowledge.” Yet among all the interested stakeholders, there is quite a range of knowledge and experience. It therefore appears that the suggestion to create a comprehensive strategy together is timely. “I think at this stage what we need is a more comprehensive strategy, not just more money for more programs.” But what might that strategy look like?

“For us, we are interested in knowing where (places, people, context) there is some possible momentum and where there is something to build on. We don’t want to see just a bunch of isolated pilots. If we can find where schools are beginning to feed off each

other, that could be very helpful in informing us about how and where to expand our efforts at promoting healthy school communities.”

In our conversations, the themes of linking, connecting, sharing information, sharing resources and creating a national conversation around healthy schools were all recurrent elements of generating that national strategy. Mapping out what’s being done across the country was also seen to be a good way to kick-start a national planning exercise. “We would like to understand how to facilitate a critical mass of interest and expertise in order to take everyone’s efforts to scale and make that effort sustainable.” “And let’s not forget about the North.”

“What we are looking for is an expansion strategy. What are the dimensions of scalability? What creates and sustains the change in our educational system from being a delivery mechanism for educational content to being a process for developing healthy, happy kids who love to learn, create and share knowledge and who become fully integrated citizens.”

In this context the question was raised of whether there was a need for national leadership and if so, who would be best positioned to provide that leadership. Some informants suggested that both JCSH and PHE Canada had potential for leadership here while others pointed out that in collaborative networks leadership is shared not focused on one group, although the collaborators would need to discover the appropriate mechanisms to realize their shared leadership.

### **Need to undertake a program evaluations**

“Even though schools are required to allocate time for physical activity, many schools still regard time allotted to recess as fulfilment of that requirement. But recess is no guarantee of moderate to vigorous exercise nor is it a guarantee that the children will develop the necessary physical literacy skills.” So even though policies may exist, the way those policies are implemented may vary considerably from school, which is the principal reason why healthy schools require a bottom up approach. Our feedback was clear that funding of individual school initiatives should be accompanied by strong program evaluation that was part and parcel of any applicant plan and funding agreement.

We were told that any evaluation should assess the separate needs of students and staff. It should explore the impact of healthy schools on student health, inclusive of: physical, psychological, emotional and behavioural health; academic achievement; and both the learning and healthy living competencies students will need for their adult lives. In addition, evaluation should look at what motivates community stakeholders to become involved and what would keep them engaged. Finally, can these schools point to any evidence of a culture shift?

“My top five list of the things to pay attention to includes:

- Writing case studies and video stories;
- Assessing needs of students and staff;

- Exploring how to enunciate a possibility that can effectively engage stakeholders in a sustainable way;
- Determining how these examples illustrate what works for whom, under what circumstances and how; and
- Determining how HPS initiatives can be evaluated to determine the impact of the healthy school community approach in relation to outcomes such as academic achievement, health, behaviour, and knowledge. We need to be able to illustrate that this approach is effective at meeting government priorities such as reducing health care costs and improving educational outcomes.”

How does a school know their program is being successful? One CSH school defined this success as increased interaction with peers, less bullying, and improved student behaviour. They hired an outside evaluator to conduct an assessment of the CSH program and generate quantitative and qualitative data. Parents in this school noted that their kids were much more eager to go to school since the program was introduced. The students reported an increased sense of belonging, and they felt they had more of a say in what's going on in the school.

At another school, these measures included the number of kids involved, both pre- and post-intervention. It included the number of kids in the breakfast program. It also included the number of opportunities where kids could connect with adults or whether the school celebrated its successes. Schools should not only collect data but plan to periodically reflect on it and their progress. It was mentioned that DASH shared the inquiries and applications from all the schools that applied. “This helps to build confidence among schools and teachers that ‘I could do that’ or even ‘I could do better than that’”.

Ever Active Schools developed the Health Assessment Tool for Schools [HATS] as a self-assessment tool for schools based on a series of questions stemming from the *4 E's* - *Education* (curriculum), *Environment*, *Everyone* and *Evidence*. The HATS questionnaire is completed independently by different stakeholders in a Healthy School Community (administration, parents, teachers, students, community members). HATS can be useful in helping a school to do an initial assessment and identify priorities for their plan; it then serves as a useful tool for an annual “check-in” on progress. It makes it possible to compare responses from different people in order to identify whether they share the same perspective on the questions or have very different responses. In doing so, it helps to raise questions for discussion by the whole school community. “We should expect that people are reflective of their work.”

It was pointed out that in New Brunswick, Doug Williams has started to measure healthy schools from the perspective of student engagement in a *3i* framework -- *institutional*, *intelligence* and *individual* -- and surveying students every 4 months. *Institutional* refers to the willingness of students to want to come to school – i.e. they value the institution. *Intelligence* refers to their willingness to learn. And *individual* refers to their perception that school is fun and fulfills their social needs and aspirations. Williams’ vision is to match this with the strengths and weakness of student goals, trying to link student

engagement with student behaviours. The hope is to create a picture of what is going on with students on the basis of their engagement to predict their behaviour and to be able to inform parents if adjustments are needed.

As important as hard data is many stakeholders respond best to narratives. “We need more stories and case studies.” Just as important, we were told, is the need to share these stories widely. In Alberta, despite the existence of the Wellness Fund, “there is no database of promising practices. There is a great potential to create a common searchable database, and to make the submission of data a condition for receiving grants.”

“One of the concerns about CSH is that the 4<sup>th</sup> pillar of Healthy Schools, *Evidence*, might be scaring off some schools because they don’t have the time or the resources to do this. Consequently, there is a need to create really simple feedback tools that teachers and administrators can use to assess the impact of CSH initiatives in their schools.”

Lastly, “it is important to note”, said one interviewee, “that there is no "end point" to comprehensive school health – that it is always a work in progress. A successful school will always compete against itself and strive to do better.”

### **Need to conduct and disseminate research**

“We need to find better indicators of progress. Is body weight enough or are there other indicators of health we should be paying attention to?”

“When we talk about health, we’re not always sure what that looks like. It’s not just the absence of illness. Is, for instance, happiness an indicator of health?”

In order to demonstrate the effectiveness of CSH There is a need for short to medium term studies that examine different approaches/ interventions to support the uptake of CSH as well as long term studies that can look at the educational, health, and social impacts on students. Indicators are needed of stakeholder engagement; culture shift; student impact indicators; indicators of whole child development; mental health indicators; indicators of community involvement; and indicators momentum

That evidence is beginning to accumulate but more is needed. APPLE Schools, for instance, is probably the best source of CSH evidence in the country because the whole initiative was designed as a research project from the beginning. The research has focused on the impact of CSH on students, as well as testing the effectiveness of the support/facilitation models that focus on health coordinators. Quantitative research evaluation is implemented in Grade 5 classrooms in APPLE Schools every year, and is conducted by researchers at the School of Public Health at the University of Alberta. The research includes:

- Student Survey to gather information from the students on physical activity, screen time, and healthy eating behaviour;
- Tracking students physical activity by asking students to wear a digital time-stamped pedometer for seven days and complete an activity diary each day;

- Parent surveys that ask them to complete a Home Booklet survey that includes questions on their support for healthy school environments; and
- The principals of participating schools are asked to complete a survey on the school environment and its implementation of provincial programs.

Each participating school receives a school-specific report on changes and then those reports are rolled up to the district level, although individual schools are never compared. The research also examines the process of adopting and supporting CSH at the school level with a view to identifying the “essential conditions” for CSH adoption. Some critical questions:

- What is key about the role of the facilitator? Is it the amount of time spent, or is it what the facilitator does?
- How would you facilitate change in a school environment?

So far, Apple Schools has identified the following benefits from the CSH approach:

- Increasing the activity levels of students (this has been the biggest improvement observed);
- Students increase their level of activity both during school hours and outside of school (after school and on weekends);
- An economic impact modeling study that suggested that for every \$1 spent on CSH to improve the health of children and youth there was \$4 generated in social returns; and
- Other research supported a positive correlation between a focus on developing student leadership and ownership and positive student health outcomes.

In addition to the research at the Apple Schools project, research that has been conducted in the US and in Europe has been even more extensive than in Canada and is suggestive that:

- physical activity is related to improved cognitive performance and academic achievement and can be substituted for regular class time without academic penalty;
- the link between physical activity, cognitive function, and academic achievement is supported with 75 minutes of physical activity per week as well as being associated with a slowing of BMI growth;
- short term exercise (10 - 40 min), enhances higher level cognitive processes such as planning, self-regulation, initiation, inhibition and cognitive flexibility; and
- the positive, psychological benefits from exercise are experienced immediately providing better incentives for children and adolescents to exercise than simple awareness of long term benefits.

For example, a meta-analysis<sup>4</sup> conducted by Sibley and Etnier at Arizona State University found, after considering four large scale studies where physical activity was introduced in place of academic class time, that physical activity can be introduced at school without compromising academic achievement. Further physical activity

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<sup>4</sup> Sibley, Benjamin A. and Jennifer L. Etnier. “The Relationship Between Physical Activity and Cognition in Children: A Meta-Analysis”, *Pediatric Exercise Science*, 15, 2003: 243-256

experiences can help form healthy habits and beliefs about exercise, and may also bring about immediate health benefits. Since there is increasing evidence that obesity and atherosclerosis begin quite early in childhood, and the researchers concluded that physical activity may be a way of combating their onset. Not only does participating in physical activity not hurt cognitive performance or academic achievement, but the results of this analysis also suggest that physical activity may actually be related to improved cognitive performance and academic achievement.

More recently a study<sup>5</sup> at the University of Kansas explored the relation between physical activity, fitness, fatness, cognitive function, and academic achievement in a large-scale, longitudinal, cluster randomized trial to examine the impact of classroom based physical activity on body mass index and academic achievement. Overall, the data supported the link between physical activity, cognitive function, and academic achievement. The role of physical activity in the classroom was also supported by the Physical Activity Across the Curriculum (PAAC) project. Physically active academic lessons of moderate intensity improved overall performance on a standardized test of academic achievement by 6% compared to a decrease of 1% for controls (pb0.02). Body mass index increased less from baseline to 3 years in students with greater than 75 minutes of PAAC lessons per week (1.8 BMI) compared to students with less than 75 minutes of PAAC per week (2.4 BMI), pb0.00. The researchers concluded that impact of physically activity of greater intensity may provide larger benefits for body mass index and academic achievement.

In a Dutch meta-analysis<sup>6</sup> published this past March, results suggested that ‘acute’ physical exercise, the activity consisting of a short term exercise bout between 10 and 40 min, enhances ‘executive’ cognition, that is, higher level cognitive processes that manage other more basic cognitive functions (eg, visual-spatial perception). Executive functions consist of functions such as planning, self-regulation, initiation and inhibition and cognitive flexibility. Inhibition, for instance, is essential for the regulation of behaviour and emotions in social, academic and sport settings. This is highly relevant in pre-adolescent children and adolescents, given the importance of well-developed executive functions for daily life functioning and the current increase in sedentary behaviour in these age groups. A majority of the studies examined the effects of acute physical exercise on inhibition/interference control, showing a positive effect size across age groups.

Lastly, in Norway, a study<sup>7</sup> on the academic and psychological benefits of exercise on children and adolescents found that academic performance was maintained when normal academic classes were reduced and replaced by an increase of exercise, physical activity, or physical education. Exercise seemed to have a positive effect on several aspects of

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<sup>5</sup> Donnelly, Joseph E. and Kate Lambourne. “Classroom-based physical activity, cognition, and academic achievement”, *Preventive Medicine*, vol. 52, 2011: S36–S42

<sup>6</sup> Verburgh, Lot; Marsh Königs, Erik J A Scherder, and Jaap Oosterlaan. “Physical exercise and executive functions in preadolescent children, adolescents and young adults: a Meta-Analysis”, *Br J Sports Med*, March 6, 2013, doi: 10.1136/bjsports-2012-091441

<sup>7</sup> Rasmussen, Martin and Karin Laumann. “The academic and psychological benefits of exercise in healthy children and adolescents”, *European Journal of Psychology Education*, vol. 28, 2013:945–962, DOI 10.1007/s10212-012-0148-z

cognition and self esteem in healthy children and adolescents. A positive connection between exercise and emotions and moods in children was also found.

The results of this review study provided evidence for positive psychological benefits from exercise, which can be experienced immediately and therefore are likely to provide better incentives for children and adolescents to exercise than long-term effects of exercise such as reducing the chance of cardiovascular disease in the far future.

It was pointed out that this type of research would be particularly interesting to the mid-level echelon of superintendents and school administrators whose priorities are guided more by evidence and research than anecdotal stories.

In addition to research, a key strategy, we were told, would be to develop a national inventory, a mapping, of who is doing what, where.

### **Need to develop an effective communication strategy**

Across the board, interviewees referred to a need to improve communication, not as a marketing strategy but as a strategy for engaging people in fundamental change. People, they said, must understand why the change embedded in healthy school communities is important to them and they – students, parents, teachers and administrators – should see themselves in that change. They should understand this “as an enhancement to school life, as opposed to a separate initiative that may be seen as more isolated”.

It was also clear that there was a need to find better mechanisms to share experience and ongoing research to improve the quality of existing healthy school programs and to encourage boards, principals, teachers and parents in other areas to take the leap and try it themselves. “How can we use the knowledge we have generated through the research to support this? It is really important to support evidence-based and reflective practice at the level of the schools and the districts.” Currently there are lots of pilots, lots of experience, and some research but all of which needs to be connected together in an accessible way.

Informants told us that an effective communication strategy would involve multiple strategies – separate strategies for mid-level administrators and board members, principals, teachers, parents, communities, and of course, students. Some like mid-level administrators, board members and principals will be persuaded more by research and accumulating evidence. Others like parents, community organizations and politicians are more likely to be influenced by success stories to help them envision both the possibilities and the challenges. Students will be engaged largely by peer interactions and by their teachers, although parents will still have significant influence particularly among younger students. One caveat: no preaching. It’s their school community. They own it. Once again the message should be “how can we help?”

Finding the right mix for these different audiences is likely to result from a process of trial and error but clearly the more information local champions have, the easier it will be

to get the right information to the appropriate audience. For instance, in order to facilitate knowledge exchange Ever Active Schools in Alberta supports regular newsletters, provides resources on its website, and holds about 150 workshops per year, conducts a provincial tour that brings schools in 12 different communities together, and hosts *Shaping the Future*, an annual conference currently in its fifth year. *Shaping the Future* is the only education conference that takes a broad focus on comprehensive school health, reaching beyond the usual format for physical education teachers. All these channels are places where schools and teachers can share their stories.

Ever Active Schools has also supported a mapping project to identify participating schools in the different parts of the province and the nature of their local supports, with the overall intention of optimizing school supports. It is therefore playing an important bridging role between participating schools.

“Sometimes”, we were told, “we just need to simplify our message.” “In Alberta, for instance, there was a real need to adopt a common language and an approach that was not confusing for teachers. The consensus evolved to adopt the comprehensive school health approach and CSH was not seen as an end in itself, but rather as a process that all school communities were invited to participate in.”

## **Looking Ahead for PHE Canada**

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PHE Canada was seen as an organization whose mandate is largely about working with physical education teachers. According to most interviewees, the HPS initiative was an opportunity for PHE Canada to be seen in a broader context, allowing them to help others achieve their goals. What they described was essentially a stewardship role that makes PHE Canada successful when it makes others successful. In that regard, we can examine some of the key messages from our feedback:

- Recognize that no one’s in charge or has all the necessary resources
- How to foster linking, connecting, sharing of information, sharing of resources
- How to structure effective collaboration
- How to fostering a national conversation and strategy
- How to influence faculties of education
- How to scale up from pilots to regional and national levels
- How to create local capacity and promote school-to-school support
- How to develop strategies to influence the middle echelon of education
- How to encourage a process of learning accountability for CSH agenda
- How to encourage additional research

PHE Canada could become a vehicle for cross boundary dialogue and foster conversations among all sorts of stakeholders. “I think PHE Canada, because of its national not-for-profit status, can help with our strategic alignment. It’s not a competing jurisdiction. If in some way it could foster regular dialogue and conversation among all

the parties that would very helpful. I worry that we all work too much in silos and so any opportunity to bridge those boundaries would help.”

“I think PHE Canada can make an important contribution by helping to facilitate a “scale up strategy” to help move HPS and CSH into the mainstream of school practice across the country. By “scaling up” I mean it in the sense it was used by Simmons and Shiffman.” Their framework for scaling up “links an innovation to be scaled up with four other elements: a resource team that promotes it; a user organization expected to adopt the innovation; a strategy to transfer it; and an environment in which the transfer takes place.”<sup>8</sup>”

“From a field perspective, I think PHE Canada could help in trying to coordinate among those working in the field. And it could be very helpful if it could facilitate a process where all can contribute to shaping a communication strategy.”

“I think PHE Canada should continue with the grant program. It is excellent. It helps to fill in gaps at the local level that we in government just can not do.” The grants help tell us where on the ground interest lies. “But the program needs to be much less ‘last minute’ in its implementation than it has been.”

“There are tons of stories out there but we need to collect them and make them searchable and then get those stories out into public conversation. This might be a role for PHE Canada.”

“One of the most useful roles would be to find ways to embed this practice into teacher education through development of teaching modules and supporting material. It would then be important to focus on dissemination of this module by identifying the “connectors”. This is an important role that JCSH does not play, but would be complementary to what they do.”

“Stories are good but I’m not so sure that they are enough to inspire the kind of local action that’s required. I think we need a basic course in healthy schools -- a sort of healthy schools 101 type – one for parents, teachers and public health nurses. Maybe this could be done as an online video.”

Another possible role might be to “support the integration of the healthy schools approach into the post secondary level in the training of teachers. It would be very useful to develop a video and other supporting materials for postsecondary instructors to use in their courses.”

By providing network support, it was suggested that PHE Canada could play a strong role in disseminating strategies that have been proven to be effective, and in connecting experiences across Canada. PHE is well positioned to bring stakeholders together to

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<sup>8</sup> Ruth Simmons and Jeremy Shiffman, “Scaling up health service innovations: a framework for action”, Chapter 1 in Ruth Simmons, Peter Fajans and Laura Ghiron, *Scaling Up Health Service Delivery: From Pilot Innovations to Policies and Programmes*, WHO, Geneva, 2007

undertake advocacy with governments and other funders for CSH, something which public agencies and departments are unable to do.

“Two concepts that might be helpful in framing a future role for PHE Canada are a) *networks* and b) *building a social movement*.” In a network people can become connected; they can interact in multiple ways; they can share information and resources; they can build alliances that can be short or long term; they can learn, innovate, and collaborate together. But networks have no centre. There are no hierarchies, so there is no one in charge. People participate, or not, voluntarily. And leadership is usually shared among multiple parties. Building a social movement, on the other hand, is powered by people who are driven by their passion, empowered with knowledge and energized by their shared ownership. Together they generate strong collective identities that strive for a common purpose which is not always precisely defined. In movements, there is always a champion who plays pivotal role facilitating linking, brokering, listening and sharing.

“That leads me to wonder if PHE Canada through its national networks and media vehicles can become more effective in producing targeted messaging – not to those people who are already convinced but to universities and to the mid level, regional managers in particular. They need more stories and they need quantitative data.”

“I think there is a role for PHE Canada to help influence those regional decision makers with consistent school messaging targeted at the regional level.” It could help produce messaging and other support targeted to universities and regional school districts. “Maybe PHE Canada could assist in lobbying at the regional level?”

“PHE Canada could help if it could produce some short pieces that describe what CSH means in a nutshell. Even the *Healthy Schools BC Resource Guide* is too complicated and dense. We need to be able to communicate the knowledge of CSH in a way that can be picked up by teachers who are already overloaded with many other things. Maybe a series of short videos that could be put online?”

## **Final Thoughts**

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“Whatever we do, we should align ourselves with that foundational piece about the nature of the transformation we are trying to achieve in the long run”

“We also need to do an environmental scan, but maybe that can wait until we have a clearer articulation of what we want to achieve.”

“We should also be careful to recognize that when we look at students and at teachers we should be sure to think of them in different ways, because their needs are quite different.”

“Some of the key areas in need of further action include:

- supporting the role of healthy school champions

- advocacy to school boards to encourage funding of healthy school champions [in Alberta currently less than 20% of districts provide funding to these positions]
- looking at the role of the school health committee, and how responsibility can be shared among various stakeholders for leading the school initiative”

“I would really like to see CSH connected more purposefully and intentionally with the philosophy of educational change that is currently being discussed in many faculties of education across the country.”

“Ultimately a shared ownership of the vision is imperative for the program to continue.”

“Whatever we do, we should be clear that in our communication and that we are not marketing but trying to engage people in fundamental change.”

“I think the key piece in all of this is the shared engagement of teachers, parents, students and the community. We need to have an ongoing conversation.”

“If I were to pull out four things from our conversations over the last few days that we might consider doing along with in the original HPS work plan, they would be:

- How can we encourage storytelling, how could we capture compelling HPS stories and then tell them effectively?
- How can we learn more effectively together? What’s the best process? We need to identify opportunities for shared learning in order to foster the potential for collective wisdom.
- How can we find and connect to existing and potential CSH ‘evangelists’?
- How can we identify important indicators and evidence, and how best can we track them?

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