

Case Study - Learning How to Help: PHE Canada's Health Promoting Schools Initiative

with support from The Lawson Foundation



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November 2015

Executive Summary and Key Questions

PHE Canada's Health Promoting Schools (HPS) Initiative has evolved considerably since its inception four years ago. What began as an initiative to deliver resources, provide training and build capacity among Canadian schools wanting to become more comprehensive in their approach to school health has grown into a widespread desire among regional and national stakeholders to connect healthy school champions and communities of practice, foster sharing of experience and expertise; and identify strategic approaches to support school clusters across the country.

The PHE Canada HPS Initiative has demonstrated that it that can significantly increase the engagement of partners (both inside and outside the school), augment available resources, expand the range of activities that are implemented, support a strong sense of local ownership, and contribute to the sustainability of school health initiatives. Schools and school boards have also recognized that these initiatives have the potential to enhance academic success for their students and contribute considerably to regional and provincial goals for student health and academic performance. Finally, the PHE Canada HPS initiative has shown that it is possible to support the uptake of school health initiatives within the limited resources available to most schools and school boards across Canada.

It is clearly evident that the widespread interest in health promoting schools across Canada is no passing fad. Therefore in thinking about how best to build on the successes of existing initiatives in Canada (both from PHE Canada and those led by other players), we ask you to reflect on the following questions as you read this case study or participate in the upcoming Healthy School Communities National Forum in Ottawa:

- What are the most important existing assets that will enable the growth of the HPS/CSH movement?
- What additional resources or services are needed to grow HPS/CSH?
- Where are the opportunities for growth?
- What are the challenges to growing the movement?
- What types and amounts of support do schools and school boards need to embrace HPS/CSH?
- What are the best ways to tap into the growing body of HPS/CSH experience, expertise and resources that already exist across Canada?
- What role could/should PHE Canada play in continuing to support the growth of HPS/CSH across Canada?

Background

PHE Canada's HPS initiative builds on a long history of Health Promoting Schools and Comprehensive School Health (CSH) in Canada. It has attempted to learn from the lessons of a variety of related initiatives in different parts of the country in order to develop a model to support the dissemination and uptake of this approach in Canadian schools.

The knowledge, attitudes and behaviours about health and healthy living learned by children and youth provide a foundation for the rest of their lives. There is concern, therefore, that increasingly low levels of physical activity and unhealthy eating practices among children and youth are contributing to growing levels of obesity. In addition, several observers have documented that mental health issues are becoming a greater concern among school aged children. The fear is that there is a high potential for these behaviours to manifest into a variety of chronic health conditions as young people mature, creating a burden for them and society. The best chance to alter this scenario is to intervene during the formative stages in the lives of young people— i.e. during school years.

Health promotion in schools has traditionally been seen as something that happens in Phys Ed or Health class, where most health promotion efforts were focused on developing and delivering curricula. But this linear approach has had only limited impact, and has often resulted in a “competition” for time during the school day between the healthy living advocates and those favouring a greater emphasis on academics. More recently, these efforts have been supplemented by committed teachers who have taken the initiative to organize additional activities, extracurricular programs, sports teams and clubs to address a variety of health-related issues. While this contribution is significant, the impact of these additional activities has often remained limited because the teachers are usually working on their own, and when they move, retire or take time off, these initiatives are often lost.

Schools need to be environments that reinforce a message of health. The physical, emotional and social atmosphere of a school affects not only what and how children learn, but also the sociability that allows them to become well balanced mature adults. Schools should be a place where children and youth feel safe, secure and at ease; therefore it is everyone's job - including parents, students, teachers and administrators - to create a safe and healthy learning environment. Health affects a student's capacity to learn, but education levels also affect adult health. The two reinforce each other. School-based and school-linked programs can therefore influence health status, improve educational achievement and have long-term positive impacts on society as a whole.

Health Promoting Schools (HPS) and Comprehensive School Health (CSH) were developed as approaches that sought to maximize the potential of schools as settings for health promotion, and to demonstrate that a health promoting environment also support academic achievement. These approaches have a long history in Canada, and international groups, such as the World Health Organization, have worked to support their spread globally.

While a good health curriculum is important, HPS and CSH go far beyond that. These approaches seek to change the overall culture of schools to create environments that promote health. This implies that schools become not just vehicles for delivering knowledge to young people, but also

become places where they can experience and develop healthy living practices. The scope of HPS/CSH extends to many areas of school life, including: the creation of active classroom environments (e.g. with activity built into academic instruction); preparing and serving healthy breakfasts and lunches; strategies for children to learn self-regulation; health promoting approaches to school fundraising (as opposed to using old strategies that often relied on selling unhealthy foods); and encouraging active, healthy living in the home environment. The HPS approach is also inclusive of strategies for promoting student mental and social health through programs to create accepting, inclusive environments for students and helping them to learn the skills of being part of a community. In addition, these initiatives can reach beyond the school walls to engage parents, community members and other partners such as public health officials and local businesses.

Over the years there has been a growing body of research to document the impacts of HPS/CSH on students. For example, we now know that:

- Children attending schools with an integrated HPS/CSH program that includes daily physical activity, healthy eating, health education, and parental and community involvement are less likely to be overweight and significantly less obese;
- HPS interventions geared towards supporting mental health, physical activity or nutrition were found to be most effective when conducted in combination with one another; and
- Increasing physical activity, sport and free play at school can meet current activity guidelines for children and adolescents, *without impairing academic performance* -- even if there is a reduction in the time for so-called 'academic' subjects.

Thanks to the work of initiatives such as Action Schools! BC, Alberta's Apple Schools, Nova Scotia's Tri-County Health Promoting Schools and others, we now know a great deal about how to support schools in the process of implementing HPS/CSH. Further, the Joint Consortium for School Health (JCSH) has made school health a national priority and created a policy underpinning that frees and encourages schools to experiment with HPS/CSH.

The major impact of HPS/CSH is that it provides a much stronger, more resilient foundation for the support of a culture of health promotion in schools. It also spreads the ownership of this transition by engaging a broad range of members of the school community, thus ensuring a more comprehensive application of the HPS/CSH approach and a wider access to resources in the community. The HPS/CSH experience in Canada has demonstrated that applying these elements makes it more likely for HPS/CSH initiatives to succeed and be sustainable, and to lead schools towards healthier outcomes.

The Context: HPS and CSH in Canada

HPS/CSH has a long history in Canada. One of the earliest examples involved a handful of schools in Nova Scotia's Tri-County School District. A decade ago Action Schools! BC and more recently the Apple Schools Foundation began helping schools to introduce comprehensive school health strategies. Apple Schools also incorporated a significant research agenda. In Quebec, *Québec en forme* funded by the Quebec government and the Lucie and André Chagnon Foundation has become the primary vehicle for promoting healthy lifestyle habits among Quebec youth aged 0 to 17 years.

School Communities by the Numbers

Partly because of these initiatives, there has been a strong effort to encourage Canadian governments to develop policies supportive of the HPS/CSH approach. The Joint Consortium for School Health, which includes representation from 12 provincial and territorial governments (all except Quebec), has been the body that has led this work. As a result, all provincial/territorial governments now have supportive policies in place.

The level of interest in HPS/CSH across the country has indeed been remarkable. The approach is now being spread through relatively large-scale provincial initiatives such as DASH BC, *Québec en forme* and Nova Scotia's HPS initiative, but also through the efforts of committed and interested teachers who have heard about the concept and brought it to their schools.

Considering all of the various initiatives across the country, it is estimated that some version of HPS/CSH is being implemented in over 4,000 schools across Canada, potentially reaching some 1.5 million public and secondary school students. Viewed this way, HPS/CSH cannot be considered a “fringe” activity, but it represents a new direction in public education that is attracting a great deal of attention. Yet despite this, there remains a great many schools which do not participate, or that participate only nominally, and therefore there is a great opportunity to build on the momentum that currently exists in many parts of the country.

However, we know much less about how HPS/CSH programs are actually being implemented at the school level. When a school says they are implementing HPS/CSH, what does that really mean? Where schools are part of a larger HPS/CSH initiative there is a great opportunity for monitoring and support, but some excellent work may also be happening in schools that are doing this work on their own. Of the 19,000 or so public and secondary schools in Canada, there is no comprehensive database to document which schools are implementing HPS/CSH, or how they are doing so.

Also, expertise and resources on HPS/CSH are being developed in numerous settings and in a variety of contexts, but there is, as yet, no strategy for tapping into that existing expertise in any intentional way. Given the obvious level of interest and range of experience with HPS across Canada, there would appear to be rich opportunity to develop a more organized strategy for growing the HPS/CSH “movement” further.

\$70 billion	Approximate Cost of Primary & Secondary Education in Canada (2012)
7,814,000	Number of Canadians 5-19 yrs old
5,032,183	Number of Canadians participating in primary or secondary education
337,600	The number of FTE educators
19,033	Number of Canadian primary and secondary schools
902,979	Number of children 12-19 yrs old who are physically inactive
465,941	Number of kids 5-18 yrs old who are obese
361,790	Number of children 12-19 yrs old experiencing a lot of stress
180,000	Number of children 12-17 yrs old charged with a criminal offence
119,009	Number of children 12-19 yrs old with mental health issues
900+	The number of hours per year kids spend in school
750+	The number of contact hours teachers have with kids per year
15	Average percentage of Canadian students who don't graduate high school
13	Number of provinces & territories with HPS/CSH policies in place
0	Number of provinces & territories where HPS/CSH schools are the norm

PHE Canada's Health Promoting Schools Initiative

PHE Canada's Health Promoting Schools (HPS) initiative began as a comprehensive, four-year, project to deliver resources, provide training and build capacity among Canadian schools that wished to adopt the HPS/CSH approach.

As originally adopted, the primary goals of PHE Canada's HPS project¹ were a) to promote and support systemic change among 90+ school communities across Canada and inspire them towards greater physical activity, more healthy eating and emotional well-being; and b) to help them begin addressing the psycho-social and environmental factors that influence the overall health of schools, families and communities as an integrated system.

However, as one BC principal put it, "While the notion of Health Promoting Schools is a great one, there is a bit of a disconnect between the concept and what actually goes on in schools." PHE Canada's principal concern, therefore, was to understand how it could effectively foster the development of healthy school communities given the limitations of its own knowledge, resources and influence. How could one not-for-profit organization with no authority, be a catalyst for change in a large public system like education?

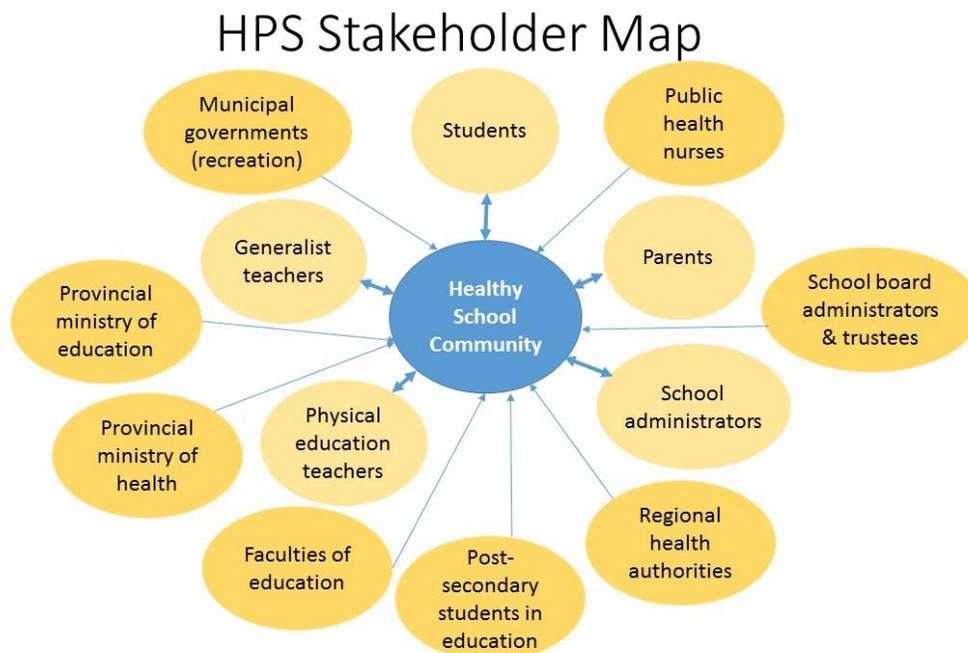
Over the course of four years PHE Canada has developed a significant amount of learning on this question, not the least of which was the identification of a cooperative approach that could enable the dissemination and uptake of the HPS strategy in schools across Canada. This learning would enable teachers, schools, school boards and ministries of education to optimize the use of available local and national resources in pursuit of healthy schools, thus making HPS more comprehensive in its application and more sustainable in the long run.

PHE Canada recognized that although many stakeholders could potentially contribute to a HPS/CSH initiative, the most likely source of Champions to lead these initiatives seemed to be physical education teachers and school administrators both of whom PHE Canada had long established relationships with. Parents and students themselves would round out the core group

¹ _____. *Grant Progress Report*, PHE Canada, 15 April 2012

of stakeholders that the individual HPS/CSH projects would have to engage. Beyond this core group, PHE Canada had identified other important stakeholders that had important roles in fostering healthy school communities, including: public health nurses and dietitians, school board administrators, school trustees, regional health authorities, provincial ministries of health and education, municipal governments, as well as the students and faculty involved in post-secondary education. PHE Canada recognized that fostering a healthy change in school communities could not be accomplished by any single stakeholder, but would require them all, in some way or other, to be working in concert.

To get a head start, PHE Canada drew on the experiences of early adopters of HPS and CSH from



across the country who were part of its national HPS “network”. Originally the members of this network were drawn from the eighty-five attendees of the National Roundtable on Comprehensive School Health that was held in Toronto in May 2010.

With their input, PHE Canada, with support from the Lawson Foundation, developed a 4-year plan to explore how to facilitate the implementation of HPS in Canadian schools. Their initial objectives included:

- a) Increasing awareness of the HPS approach among school community members and of its potential positive impact on the well-being of students, staff, parents, and others in order to encourage greater school participation in HPS;
- b) Supporting the actions of local school community members in adopting and utilizing the HPS approach by developing new tools; increasing awareness of existing ones; as well as developing educational opportunities to encourage their use in school communities;
- c) Creating, enabling access to, and supporting the successful application of HPS tools and resources, policies and best practices, including online resources. These tools were developed either by PHE Canada directly, or PHE Canada would support their

development by school community members who identified and accessed the most relevant tools and resources within their community;

- d) Developing the partnership capacity of school community leaders (students, parents, educators, administrators and community experts) to work together to develop and implement their own HPS initiatives through the provision of training programs to help deliver quality programs, the provision of HPS tools and resources and start-up funding for school projects;
- e) Recognizing and rewarding school community achievements, milestones and success stories of schools implementing the HPS approach and moving in the direction of becoming a healthy school community; and
- f) Developing mechanisms for ongoing feedback and evaluation of all aspects of the project.

Phase I (May 2011 – Sept 2012) - Delivering tools, grants and training

While continuing to address these objectives over the last four years, the work of PHE Canada has evolved over four phases that often overlapped with one another. The first phase, which focused on developing resources and tools, included:

- **knowledge mobilization** -- preparing the “*HPS Guide for School Administrators*”, the “*Healthy School Communities Concept Paper*” and other resources, and co-hosting conferences to disseminate that knowledge;
- **project funding** -- developing a school grant program to help kick start school programs;
- **awareness building** – at conferences, via PHE Canada’s extensive membership list, and the networks of affiliated organizations;
- **training** – at conferences and in post-secondary institutions; and
- **recognition** – with awards to HPS champions and health educators.

The *Healthy School Communities Concept Paper* was a particularly significant part of this Phase I work. Until that time, HPS and CSH had evolved separately both in Canada and internationally, following different emphases and having separate identities. The presence of two such similar program approaches led to a certain amount of confusion among schools, and a competition for legitimacy (making it difficult

Spectrum Toast Program



Spectrum Community School now serves a hot breakfast and a glass of milk to over 300 students every Thursday. With the HPS Grant they were able to purchase an industrial toaster which has allowed them to increase the number of breakfasts served weekly. A local bakery donates bread, and they partnered with the Saanich Neighbourhood House sharing the buns and extra loaves to help support their programs and needy families in the community.

Parent volunteers coordinate donation pickups, and set up and run the event. Leadership Students help by slicing bread, buttering toast, and serving other students, while the Life Skills Class develops employment skills by cleaning up. Teachers volunteer as well, often hosting the morning, allowing for a more personal interaction with students, teachers, and support staff gathering in the school’s front foyer to connect in an informal way before breakfast.

By providing breakfast, Spectrum Community School felt it was contributing to increasing students’ ability to focus and learn, while fostering a positive sense of community in the school.

*Grades 9-12,
Spectrum Community School,
Victoria, BC*

for the two “factions” to collaborate). The Concept Paper established the similarity between the two approaches and proposed an alternative term – Healthy School Communities – that attempted to bring them together.

To assess a school’s readiness, schools were encouraged to follow the guidelines of Ever Active Schools’ *Health Assessment Tool for Schools* or the Joint Consortium’s *Healthy School Planner*, but the choice of planning tool was theirs. Based on this assessment, the schools would then design their own healthy school strategy. Some focused on sports, others on less structured physical activities, others on healthy eating or student mental health.

As a result, each school developed its own unique healthy school plan, which reflected the conditions and priorities at that school. For instance, one BC school stated: “We follow the 5-2-1-0 program of *Action Schools* that suggests 5 or more servings of fruits and vegetables per day; 2 hours or more hours less of screen time per day; 1 hour of physical activity per day; and zero sugary drinks.”

With regard to the HPS grants, they have been focused on developing exemplary health promoting schools practice. In our case we did the healthy living survey to determine our 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 activity fees to families or to provide subsidies to low income kids. Some money was used for *Wheaties Wednesdays*, our school breakfast program.

As a result, some aspects of the HPS program will be automatically sustainable (the equipment and appliances) but other components will need community support. However, the word is getting out. A local bakery, for instance, now supports us with bread for the breakfast program.

*Ranch Park Elementary,
Coquitlam, BC*

But as PHE Canada learned, there is more to healthy school communities than just physical activity and nutritious eating. “Without understanding the whole health piece,” said one Ontario public health nurse, “there is no quality education or even quality physical education. Without attending to the psycho-social development of students, without them feeling safe and engaged in their schools and in their communities, the students don’t graduate, creating a burden for the whole society.”

“What I see as the end goal of all of this”, she continued, “ is that when the children graduate they become successful citizens. They have knowledge, certainly, but they’ve also developed healthy behaviours that will last them a lifetime; they know what well-being is, and they understand that they are partners in a community.”

PHE Canada discovered that one of the main challenges for implementing HPS in schools is to have an effective school champion. “The role of the HPS champion is to support slow and sustained culture change in the school” said a former Alberta health champion. “It is to support a realization that things can be done differently -- both in a school and among

schools.”

Initially, a key component of PHE Canada’s HPS strategy was teacher training -- primarily for physical education teachers. The training focussed on orienting them to the HPS approach, guiding them in the use of existing resources and advising them on how to engage principals, board administrations, parents and students. In addition, PHE Canada created a Post-Secondary Student Leadership Grant program with the goal of connecting to post-secondary students and furthering

their interest in HPS. Finally, as schools adopted the HPS approach, PHE Canada wanted to recognize the achievements of schools through an HPS certification process.

During this time, however, PHE Canada learned that in-person training was an expensive delivery mechanism. Given its limited resources, it decided to shift to an e-learning format that would provide HPS training more effectively and for it to be directed, not only to Phys Ed teachers, but to all teachers, administrators, staff and community stakeholders who may wish to step up and get involved.

Due to a lack of responsiveness from students regarding the Student Leadership Grants, PHE Canada shifted to the notion of recruiting post-secondary student volunteers -- “Student Ambassadors” - who could work to promote HPS within the colleges and universities in their region.

Lastly, PHE Canada recognized that the characteristics that define a “Health Promoting School” were still evolving, so the idea of developing a certification program seemed premature and could even work against the dissemination of the approach if different groups became overly competitive. Acting on the advice of its Program Advisory Committee members and its program partners, PHE Canada dropped the certification process entirely, although it still wanted to identify, celebrate and disseminate the achievements of HPS schools.

Phase II (Sep 2012 – Jun 2014) - From providing tools to building relationships

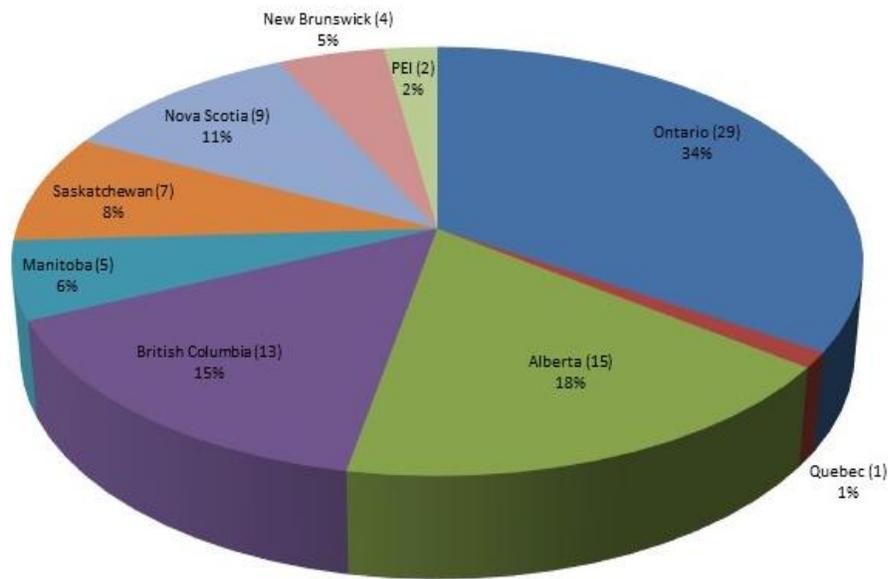
The second, more reflective phase of the initiative began in the fall of 2012 and involved getting feedback on PHE Canada’s HPS initiative from across the country. This began almost incidentally with a change in program management that resulted in a period of taking stock of both the program and its partners.

The new Program Manager worked to connect to and build relationships with HPS / CSH leaders across the country. At issue was: How were the various HPS/CSH initiatives doing on the ground? What was being done well and what could be learned from these experiences?

The Program Manager approached this task by attending a variety of conferences hosted by HPS and CSH regional and national champions and by conducting training sessions at those conferences. While promoting general awareness of PHE Canada’s HPS initiative was certainly a key goal at these conferences, another was to take the opportunity to collect intelligence from the delegates to inform the evolution of PHE Canada’s program. The Program Manager also sought out key HPS champions with whom opportunities for partnership and resources sharing could be explored.

Having awarded 85 school grants in 2011 and 2012, PHE Canada undertook an evaluation of its HPS and Post-Secondary project funding programs, to provide recommendations for future project funding cycles. The distribution of those grants is presented in the graph below.

**Distribution of Project Funding for 85 Health Promoting Schools
2011/12 and 2012/13**



Percentage of Total Accepted Projects

Some of the recommendations from that review included:

- PHE Canada can serve as a model funder in the area of health and education if the project funding process is *set up as a learning and mentoring process* instead of a means to an end.
- The objective of the HPS program should primarily be to provide supplemental financial support and on-going professional support to diverse school communities across Canada. Therefore, its program of seed funding for multiple school communities should focus on 1) *fostering buy-in* and 2) *nurturing local and provincial partnerships*.
- Final reporting should become not only a tool for evaluation, but *an opportunity for digital sharing and learning*.
- Re-allocating the post-secondary project funding to bring together a “dream team” of post-secondary experts and K-12 HPS practitioners *to foster a national conversation* to create a capacity building plan for HPS pedagogy and training.
- The HPS initiative has great potential to continue to advance an important social movement in Canadian society if it is used effectively and in coordination with national partnerships.

Recognizing that that the two primary goals of the HPS project² represented a complex challenge, in April 2013 PHE Canada instituted a process of developmental evaluation. Fostering culture change in any organization can be challenging, and doing this in a school can be particularly complex because of the nature of school

“I believe that at the school level there are lots of people who are or could be very passionate about making the educational experience better. But in what way? I think we haven’t been as intentional as we could be in making health and wellness a foundation of what we do in schools and so we haven’t been as effective in coordinating all the elements that go into it. It requires a change in mindset.”

² Those goals were a) to promote and support systemic change; and b) to help schools address the various factors that influence the overall health of school communities in an integrated system.

communities with their own ecosystems of cause and effect. The roles of various stakeholders – teachers, administrators, parents, students and outside partners – must all be taken into account, as well as how they might work together to support a change process. Developmental evaluation, as opposed to summative evaluation, is a process of learning as you go, experimenting, seeing what works and what doesn't, reflecting on improvements, identifying new approaches and opportunities, and facilitating course corrections as implementation proceeds.

“Just putting together a bunch of resources and tool kits won't do it. We tried. They essentially sit on a shelf. We have to develop that local capacity to own the issue and to drive the change. In particular, we need to increase the direct involvement of youth.”

SB, BC Ministry of Health

The developmental evaluation permitted an even deeper, richer conversation among partners and HPS champions to evolve. The evaluators explored why these champions were so passionate about HPS; what was the HPS possibility they imagined; what was really needed to make a difference; what were the critical issues; what could be improved with regard to the current HPS initiative; and where PHE Canada could add additional value?

The responses they received were then compiled into a report entitled “*Assessing Health Promoting Schools*”, and then shared among the various informants for clarification and further comment. Some of the comments they received included:

- “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.”
- “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.”
- “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 system wide.”
- “We are talking about a whole system shift that puts healthy student development on the same level in education as the 3R's.”
- “An important part of successfully making comprehensive school health fit within education has been the use of language and vocabulary that resonates with education people. Instead of speaking about health outcomes, such as decreases in obesity or an increase in fitness, it is more useful to talk about how HPS/CSH will help educators support students in their academic achievement, as well as in becoming positive and contributing members of the community.”

Montgomery's Magical Munchies.

Montgomery Elementary partnered with local businesses, a chef, and an HR activist, along with half the parents of the grade 4 classes. HPS champions and staff prepped food for lunch. The chef directed parents to prepare the food who then ate with their kids. The kids liked the food so much, parents wanted the recipes. The school prepared a recipe book and then sold it at \$15 per book with the proceeds going to the local foodbank.

Montgomery Elementary School, NB

- “We need to begin where the schools are and where they are interested in going if we are to be more effective.” The process of supporting schools to identify the issues that are most important to them, and helping them to develop their own plans to address those issues and evaluate their progress, allows the schools to take ownership and develop strategies that are uniquely suited to their own needs.

For PHE Canada, making those connections, building relationships across organizations, and receiving this feedback led to some important collective learning when it met with the Program Advisory Council during two days of discussions in July 2013. They came to understand, for instance, that for HPS to be successful in its mission, it had to become a very different kind of initiative from the top-down expert-driven processes that were typical of curriculum development exercises. To support culture change in schools, the change effort had to be owned by the schools themselves, so PHE Canada was encouraged to think of a more bottom-up process, one that was more akin to a “social movement”. Such a self-organizing, social movement approach would benefit from schools working in concert, rather than in isolation. To facilitate such cooperation would require an organization animated by an ethos of “How can we help?” It was suggested that connecting and convening schools to facilitate their shared learning could be an important role for PHE Canada that could help schools minimize their risks and maximize both their confidence and effectiveness.

Phase III (Jul 2013 – Sep 2015) – Disseminating the model and facilitating networks

The third phase of HPS became dominated by the questions of how the HPS/CSH approach could be scaled up nationally, and what role PHE Canada could play in that process. During this phase, PHE Canada developed and tested a cluster approach for disseminating HPS/CSH and providing support to schools in its implementation process. In developing this approach, PHE Canada tried to learn from the consultation/reflection process of Phase II and incorporate the experiences of others.

Said one provincial government representative, “Although many innovative approaches to HPS were happening in different parts of the country, and a great deal was being learned, the individual schools and teachers don’t know who’s doing what. 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. What seems to be needed is better communication across those silos and organizational boundaries. We need to bring together better research, policies and practice experience. I think this what’s needed to take things to the next level.”

The need to think about facilitating greater connectedness and sharing of knowledge implies a need for a different way of working to support the growth of HPS/CSH. PHE Canada was learning that the role it had traditionally played – that of an “expert” body that distilled knowledge into packaged resources and training – was not a good fit for the scale-up needs of HPS/CSH. This was because, in the evolving knowledge world of HPS, what was needed was a way to facilitate connections between everyone’s knowledge and resources. This was underscored by a representative from BC’s Ministry of Education who said, “We’re not taking the approach that we know what’s best at the centre [of government] and 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... We're at the point now of starting to be able to share stories of our activities and outcomes.”

Observations like this helped to reshape PHE Canada's approach. However, it was the Lawson Foundation, the primary funder of HPS, that in the spring of 2014 stepped in and pushed PHE Canada to think more strategically about how best to scale up HPS for national impact. Lawson imposed a period of reflection, to assess what was needed and what was doable within the final year of the initiative.

As a result, instead of working with individual schools, PHE Canada decided to seek out geographic clusters of schools that it could support. The idea was that the key participants from

“If we can find where schools are beginning to feed off each other, they could be very helpful in informing us about how and where to expand our efforts across the country. We need to understand how to facilitate a critical mass of interest and expertise in order to make the HPS effort sustainable. Ultimately what we are looking for is a strategy for expansion. What are the dimensions of scalability? We want to figure out how others independent of us can use this to kickstart their own healthy schools. What makes the HPS process work and grow? What are the active ingredients? We would like to see website tool(s) to help the schools and us learn from all these experiences.

CA, Lawson Foundation

each school would be trained together in a group and would form a “community of practice” so that the experiences of different schools could be shared, problem solving could occur together, and schools could support each other. This approach was prototyped with six schools in New Brunswick in 2014 and then later expanded in 2015 to include the regions of Penticton BC; Saskatoon SK; North Bay ON; and York Region ON -- involving a total of 49 schools in all.

The process of identifying the clusters of schools involved several steps. PHE Canada worked through its networks and publications to invite expressions of interest from schools and school boards. In some cases schools networked to identify their own clusters; in others, the school board played a more active role to identify specific Champions who, it was felt, had the skills and experience to successfully lead a HPS process. Each of the selected schools also had to have the active support of their school administrator and school board.

The role of the school Champion was to facilitate the HPS process within their school (as opposed to organizing activities or delivering curriculum). One of their most important jobs was to assemble a Leadership Team for their school. The Leadership Team included other teachers, administrators, staff, parents, students, community members and partners such as public health. Each Leadership Team was responsible for taking their school through the HPS/CSH process – from identification of priorities, through developing school plans, to implementing them. Having a Leadership Team was an effective way of sharing the responsibilities and the workload, and made the whole process less reliant on any particular individual in a school. The approach with the Leadership Teams was very bottom-up. As one New Brunswick teacher noted, “It just wouldn't work if one person set the agenda, made decisions and expected everyone else to follow through. Ideas can come from anywhere and then following them through using everyone's connections gives people ownership and secures their ongoing participation.”

Each cluster of schools received a two-day training on the essential elements of the HPS/CSH approach, presented by a PHE Canada facilitator. The participants included the Champions and administrators from each of the schools, as well as members of each school's Leadership Team. Where possible, key partner agencies such as public health also participated in order to build relationships with the schools. The active involvement of the School Board was essential. The School Board representative was often instrumental in the selection of the schools, the identification of School Champions, the organization of training sessions, and the provision of ongoing local support of the schools.

The training workshops took an Asset Based Community Development (ABCD) approach, which encouraged participants to identify the health challenges and strengths in their schools, to get a better sense of the resources available in the community, and to use this information to develop their own HPS plans. Schools were encouraged to use the *Health School Planner* framework developed by JCSH as a guide for the development of their plans. Once schools successfully completed their HPS/CSH plans, PHE Canada provided each school with a \$1,000 grant to help to support their implementation activities. The schools decided where best to spend that money.

The workshops were highly valued by the participants: first, because they reaffirmed that each person/ school was not alone in this work; second, because they demonstrated how far each group had come; and third, because they allowed the participants to exchange experiences to generate innovative new ideas. "One of the biggest benefits arising from the New Brunswick HPS experience was the increased opportunity to share: among the school leadership team; among the school champions; and across the broad spectrum of stakeholders (school administrators, Phys Ed teachers, other teachers, school staff, public health nurses and other community members)."

The schools that participated in the initial workshops reported that they were able to successfully implement the basic elements of the HPS/CSH approach, including the recruitment of Leadership Teams, review of data and identification of school priorities, and the development of HPS/CSH plans. Although the New Brunswick cluster was further ahead in its implementation, several of the four subsequent cluster schools also reported they had begun implementation activities. HPS/CSH was found to be a relatively low cost strategy that enabled the participating schools to take some important steps forward.

Schools mentioned that a very important benefit of the HPS/CSH approach was that it helped to engage a broad group as part of the Leadership Team, and expanded the resource base for supporting these activities. In Saskatoon, for example, the initiative helped develop consensus between teachers and staff, and between the Saskatoon Public School Board and Saskatoon Health Region including their senior leaders. "It was about building our collective capacity. Bringing people together to learn and grow together," said School Board superintendent Brenda Green.

"The \$1,000 was an incentive for schools to participate. For many schools there is little funding available to support health programs, but principals do have access to funds specifically dedicated for teacher release time. For this opportunity, by committing funds for release time, they had the opportunity to gain funds for this work. The \$1,000 also gives teachers support to advance the work. Also, by attaching funds to the pilot it also implies importance to the CSH work at the national level. Teachers also felt motivated by having both the responsibility and opportunity to use the funds to produce a significant impact. The funds also helped to gain support from administrators and school trustees."

*JM, HPS Coordinator,
School District 67, BC*

The grant program too, although small, was considered by schools to be very significant. “I think the grant program is excellent” said an official from DASH BC. “It helps to fill in gaps at the local level that we at a governmental level just cannot do. The small grants offer a terrific incentive for groups of stakeholders to connect and begin working together.”

The PHE Canada workshop helped the participants develop an integrated approach that included:

- engaging students, being student/family centered, and building on current partnerships;
- creating schools that are safe, welcoming, and that have a sense of belonging and respect;
- developing a co-creative approach of shared and distributed leadership;
- finding better ways to communicate and share information, especially visual information, among the full range of stakeholders;
- fostering a sense of experimentation; and
- finding better ways to link together vision, goals and evidence through data collection and research.

Key messages from the schools during this time included: “avoid silos”; “it’s a team approach”; “it’s all about relationships”; “get like-minded people together to start”; “get people who are not Phys Ed teachers together” (this from a Phys Ed teacher); “talk to others who’ve been there and done that”; “more and more families want to have healthy choices for their kids – we need to provide that”; and “once people get it, there’s no going back”.

Another important benefit from PHE Canada’s integrated approach was that having a HPS/CSH plan for the school made it much easier to engage other partners such as public health. Although all the schools had long standing relationships with public health officials in their areas, prior to HPS/CSH the relationship was largely a responsive one - public health nurses and dieticians responded mainly to specific requests from individual teachers. With HPS/CSH, the public health staff were able to work proactively with the schools to help them to identify their health priorities and develop their plans. They were then able to be true partners with the schools, helping them even with the implementation of their plans. This relationship also facilitated access to additional resources for the schools. Both public health and school officials were very pleased with this change in role.

Another important aspect of the implementation of HPS/CSH was that school boards were able to link the HPS/CSH plans to the Board and Ministry goals for enhancing academic achievement. This was significant because it meant that HPS/CSH would not be treated as a separate initiative, but rather as a means to realizing an already established series of targets, which gave the HPS/CSH process added weight and credibility.

In addition to active living and healthy eating, many schools identified the need to address mental health as a priority including such issues as reducing student stress, increasing student connectivity and their sense of belonging. Another common theme was to increase engagement and leadership in the school from students, parents and community members. For instance, in one HPS school,

assemblies are now being run essentially by students rather than administrators, while in another, parents were stepping up and becoming certified basketball coaches, a role that had previously been restricted to the Phys Ed teachers.

The cluster approach provided incentives, confidence, mutual support and innovative ideas in environments where resources for experimentation were often scarce, and where sustainability ultimately meant gaining access to new resources held by community members. Networking improved the likelihood of success. And PHE Canada's bottom-up ABCD approach ensured that ownership remained local -- where it should be if it was to be both effective and sustainable.

Phase IV (Jan 2014 – Sep 2015) Scaling up HPS: From expert provider to “How can we help?”

The experience thus far with HPS/CSH has shown that there is substantial interest in this approach across Canada, and that there exists a growing body of experience and expertise. PHE Canada's model of dissemination appeared to be economical, and was showing promising results. The question then became how best to support the scaling-up of this HPS/CSH approach to the next level in Canada.

One public health nurse commented, “We need to have an ongoing conversation. But somehow, somewhere, someone has to take the lead on this. There are tons of stories out there, but we need to collect them and make them searchable and then get the stories out there into public conversation”.

“Maybe”, said BC principal Don Hutchison, “we could publish more stories that clearly describe the ‘why’, the ‘how’ and the ‘what’ of creating healthy schools.” He went on to describe how word seemed to get out about some of the after school programs being offered at *Ranch Park Elementary* and he said that some people drove 1-2 hours to come and see what he was doing. When this kind of interest and commitment can occur solely on the basis of word of mouth, he reflected, what could happen if there could be more of an intentional effort at communication?

“That leads me to wonder,” said researcher PJ Naylor, “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 education managers and superintendents in particular. They need more stories and they need more quantitative data too.”

According to Naylor, a ‘national conversation’ would help to address another concern as well: “to help move HPS and CSH into the mainstream of school practice across the country, the challenge will be to recognize the contributions of all the existing players and maybe provide those additional linking pieces that can help them translate experiences from one to another, assist them in sharing

After the Leadership Team worked through the *Healthy School Planner* identifying student connectedness as an issue, the teachers all decided to test the level of connectedness in their school further. They posted the names of all the students on the gym wall and then each teacher in the school had to indicate whether or not they knew who the student was. In this way they produced a preliminary list of students who seemed to have little connection to the school. This then became their initial starting point for improving the sense of belonging among students.

Nackawic Elementary School, NB

resources, find the best ways to collect and share stories and data, and identify how teachers and school administrators can help each other directly -- one school to another.”

Said a representative from BC’s Ministry of Health, “I think an organization like PHE Canada, because of its national not-for-profit status, could help with the strategic alignment among provinces. It’s not a competing jurisdiction.” In other words, when trying to scale up HPS/CSH across the country, having no authority may actually become an asset. What matters most is whether you can effectively connect, convene, facilitate, broker, disseminate, and otherwise be helpful to schools and all the various authorities that touch on the lives of our children and youth.

“It would help to capture lessons from schools that have received grants, and try to pull together the lessons from different experiences across the country. It would probably be very useful to learn from the different provincial approaches for supporting CSH.”

BT, Ever Active Schools

If, for instance, an organization could foster an ongoing national dialogue among all the parties and stakeholders involved, then that would likely be seen as very helpful. Practitioners in every province could connect and share their experiences and promising practices, being alternately mentees and mentors. In New Brunswick, for instance, the participating schools have all agreed to mentor at least one new aspiring HPS school in their area as part of their HPS commitment. Nationally, however, this kind of mentoring process has yet to be organized.

While PHE Canada’s recent experience in bringing clusters of schools together to share in the journey towards creating healthy school communities has been uniformly appreciated, as yet the foundations for a national HPS / CSH network and “community of practice” have yet to be laid. To that end, PHE Canada is organizing a national conference in Ottawa in November of 2015 to bring together champions from across the country to share their experiences and to start co-designing the strategies that can support the scale-up of HPS/CSH nationally.

Conclusion

As we learned from many people over the course of the last two years, one of the biggest challenges in creating healthy school communities is that the concept seems “too huge”. Aspiring health promoting schools are being asked to rethink the way they work, the way decisions get made, the way different members of the school community are engaged – with the objective of creating environments that support the physical and mental wellbeing of their students -- as well as their engagement in community. And all of this is being asked on top of the increasing numbers of other tasks teachers and administrators are expected to take on. However, one important learning from the PHE Canada HPS experience is that this approach should not be seen as a competing priority, but rather one that can help schools create the environment where students can be more academically successful, as well as being healthy and engaged.

As PHE Canada’s workshop process affirms, a health promoting school is not something that is imposed from on high, but rather is built from the bottom-up. Each school community identifies its own needs, sets its priorities, creates an appropriate strategy that will achieve its goals, celebrates its successes and builds on them one program at a time. Said one NB Phys Ed teacher,

“Although HPS was new to me, what I discovered was that most of it we were already doing. However, what we learned was how to put all the pieces together into a comprehensive school approach.”

The HPS initiative has identified a framework and a structure that has helped participating schools to develop a stronger foundation for nurturing a culture change to support health promotion. Through this approach, schools were successful in recruiting Leadership Teams that included representation from teachers, administrators, students, parents and community. They were able to develop plans that built on their strengths and addressed their challenges. They were able to mobilize resources – both inside and outside of the school – to implement their plans. Teachers felt encouraged that they did not have to continue to do this work in isolation; they could tap into much broader support within their schools, in addition to connecting with colleagues in other schools doing the same thing. And the Leadership Teams were able to not only organize activities, but they were also able to start effecting change in the culture and identity of their schools, addressing not just active living and healthy eating, but other important issues like student mental health, connectedness, belonging, and fundraising. Schools reported that they were actually changing the way they thought of themselves.

The biggest hurdle often comes down to confidence: whether the people within a school feel that they can actually make a difference. What PHE Canada has done is to formulate an approach that can bolster that confidence, and help schools develop their own comprehensive health strategies and ways of engaging their school community in order to help them implement it. “Working together with others in the school and with other schools helped alleviate the fears and uncertainty that go along with creating something new,” said one teacher.

According to a recent review of ACTION Schools! BC “this [CSH] *demands substantial investment by government*”³. However, the experience of the PHE Canada HPS initiative suggests otherwise. With a relatively small investment in training and ongoing support, and with some additional funds to act as a catalyst, schools can successfully embark on this path. There is still a need for more research funds to support this approach more fully, but action in schools does not have to wait for a commitment of research funding. “It is really just helping to change the mindset in the schools,” said one Alberta principal.

In its own way, PHE Canada’s Health Promoting Schools initiative, along with the work of others like DASH BC and Apple Schools, has shown that the creation of healthy school communities is not just an idealistic possibility; rather, it is well within the capacity of most schools and school boards to achieve.

Still, one final element remains unclear: that is how the various regional and pan-Canadian initiatives might come together to collaborate and share in the dissemination of HPS/CSH experiences. JCSH continues to foster the development of supportive policies in jurisdictions across Canada. Regional initiatives exist in British Columbia, Alberta, Quebec and Nova Scotia,

³ McKay HA, Macdonald HM, Nettlefold L, et al., “Action Schools! BC implementation: from efficacy to effectiveness to scale-up”. *British Journal of Sports Medicine*, 13 October 2014.

with strong pockets of activity in Ontario and Saskatchewan. More isolated initiatives are happening in other provinces.

Nevertheless, through the PHE Canada HPS initiative, certain contours have emerged that could provide important elements for a strategy to support further growth of HPS/CSH, including:

- a plan to continue to offer training and support to implement HPS/CSH to school clusters across the country;
- a comprehensive mapping of schools, programs and champions to aid in the mentoring of aspiring HPS/CSH schools;
- the development of facilitated “communities of practice” both regionally and nationally to foster the sharing of experience and expertise;
- the development of virtual networks to facilitate access to resources and to conversations without regard to geography;
- continuation of a small grants program to help kick start school activities;
- the development of a research agenda to support the spread of HPS/CSH, including research on student impacts from this approach, as well as research on the most effective approaches to support dissemination and uptake; and
- moving HPS/CSH into faculties of education as part of the training for education students and pre-service teachers.

These elements are far from impractical: they are less about doing more, and more about just doing differently.