

# Health Promoting Schools in the Anglophone West School District of New Brunswick: A convergence of policy, opportunity and passion

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For



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## **HPS in New Brunswick's ASD-W**

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## 1.0 Introduction

Based on research in many settings that demonstrated that the Health Promoting Schools (HPS) approach contributed to students' adoption of healthy behaviours, PHE Canada sought to work with others to disseminate this approach widely in Canada and support its uptake by local schools.

To do so, PHE Canada wanted to test a particular approach that involved identifying and supporting geographic clusters of schools through training, provision of resources, and providing access to expertise. This case study tells the story of the New Brunswick HPS pilot, which included schools from the Anglophone West School District.

The objective of the case study was to capture the experience of the New Brunswick HPS pilot – especially as it related to practices that supported effective dissemination and uptake of HPS. Lessons learned from this experience could inform PHE Canada about its network dissemination approach, as well as schools (or other stakeholders) in other parts of the country that might be interested in mounting their own HPS initiatives.

## 2.0 Background – New Brunswick: The Perfect Storm

### 2.1 National Comprehensive School Health (CSH) policies

Building on Canada's global commitments towards health promotion made in the Ottawa Charter for Health Promotion, Canada's First Ministers committed to the 2004 Health Care Accord to "working across sectors through initiatives such as Healthy Schools"<sup>1</sup>. Subsequently, the Council of Ministers of Education, Canada (CMEC) and the Conference of F/P/T Deputy Ministers of Health (CDMH) met in the fall of 2004 and endorsed a School Health Action Plan in order to address a variety of health, social and learning-related challenges of school-aged children and youth.

Furthermore, the Joint Consortium on School Health (JCSH) was formed in 2005 as a partnership of federal, provincial and territorial governments "working together to promote the wellness and achievement of children and youth in the school setting."<sup>2</sup> One of JCSH's major initiatives has been the promotion of Comprehensive School Health (CSH)<sup>3</sup> as an approach, which has resulted in all provinces and territories now having policies that

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<sup>1</sup> Health Canada (2004). First Ministers Meeting on the Future of Health Care 2004: A 10-year plan to strengthen health care. Retrieved from: <http://www.hc-sc.gc.ca/hcs-sss/delivery-prestation/fptcollab/2004-fmm-rpm/index-eng.php>

<sup>2</sup> <http://www.jcsh-cces.ca/index.php/about/mandate-mission-vision>

<sup>3</sup> Comprehensive School Health (CSH) and Health Promoting Schools (HPS) are essentially the same approach, but have developed through different pathways and have been advocated by different proponents.

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support CSH/HPS<sup>4</sup>. Despite consistent policy support, however, uptake of the CSH/HPS approach at the level of individual schools has been “hit and miss” in Canada, with the exception of a few large scale initiatives<sup>5</sup>. The challenge that PHE Canada decided to take up was to develop an effective approach to disseminate and scale-up the HPS experience across Canada. Due to a willingness of participant partner, PHE Canada’s relationship with the NB Physical Education Society (NBPES), and Anglophone West School District (ASD-W), New Brunswick seemed like a good place to test the approach.

### [2.2 The New Brunswick Environment](#)

There were several elements in the New Brunswick environment that had an important influence on the receptiveness of its schools to HPS and the ability of local stakeholders to build on the support they would receive from PHE Canada.

#### [2.2.1. NB Healthy Learners in School program](#)

The Healthy Learners in School Program, which started in New Brunswick in 2000, provided fertile ground for HPS. This program had already established collaboration between the province’s Health and Education departments by co-locating “Healthy Learner Teams” of public health nurses and dietitians with educators in school boards. The mandate of the Healthy Learners in School Program is to improve, maintain and support the long-term outcomes of student health, wellness and learning achievement from Kindergarten to grade 12. The program is based on the Comprehensive School Health framework and uses a population health approach at a district level. The HPS initiative provided a mutual opportunity to experiment with new approaches in schools including increased communication and district nursing support to school based teams.

#### [2.2.2. NB’s Wellness Strategy and Student Wellness Survey](#)

In 2006 New Brunswick launched its original Wellness Strategy, which was most recently updated in 2014. It identified schools as one of the Strategy’s key settings, as well as five directions through which strategic wellness action should occur:

- Forming partnerships and collaborating with stakeholders.
- Building capacity for community development.
- Promoting healthy lifestyles.
- Developing and supporting healthy policies.
- Conducting surveillance, evaluations and research, including the Student Wellness Survey.

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<sup>4</sup> For the purposes of this paper, Health Promoting Schools (HPS) and Comprehensive School Health (CSH) refer to essentially the same approach. The difference reflects more a preference for different terminology in some parts of the country, rather than a difference in approach.

<sup>5</sup> Apple Schools in Alberta, and Action Schools BC.

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Under the Wellness Strategy, the New Brunswick Student Wellness Survey (NBSWS) was developed as an initiative of the Department of Healthy and Inclusive Communities (HIC) in cooperation with the Department of Education and Early Childhood Development in order to measure student progress on a variety of health measures. Data collection began in 2007 and is conducted every third year, with analysis carried out by the New Brunswick Health Council (NBHC). The purpose of this survey is to examine the health and wellness attitudes and behaviours of students and their parents from kindergarten to Grade 5.

The survey provides a unique opportunity to reinforce the importance of healthy behaviours, and their relationship to student learning and academic performance. A sampling of current research provides evidence of positive associations among the key focus areas of: healthy eating<sup>6</sup>, physical activity<sup>7</sup>, tobacco-free living<sup>8</sup>, and mental fitness<sup>9</sup> and measures of students' academic readiness, engagement and success.

The survey also provides an incentive to schools to track their performance over time, as well as a way to identify those schools with promising practices that promote student wellness.

### [2.2.3. The Thrive! Legacy](#)

In 2012, in response to potentially epidemic levels of obesity, inactivity and unhealthy eating, the Government of Nova Scotia established a strategy to foster a healthier province. It was called *Thrive!*. It was built on the 'determinants of health' aspects of social policy and it established four policy priorities to promote healthy eating and greater physical activity. These included: supporting a healthy start for children and families; equipping people with skills and knowledge for lifelong health; creating more opportunities to eat well and be active; and planning and building healthy communities. Fostering Health Promoting Schools is a key element of Thrive! While some schools in NS have been implementing their own health promotion initiatives for decades, currently, Nova Scotia has nine HPS teams operating in the following areas:

- Annapolis Valley
- Bridgewater and South Shore NS
- Cape Breton-Victoria

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<sup>6</sup> Eating breakfast every day can help improve concentration, and increase students' potential to learn (Wesnes, et al., 2012). According to Shore, et al., (2008) body mass is an important indicator of scholastic achievement, attendance, behaviour and physical fitness.

<sup>7</sup> Active and healthy students have increased levels of concentration, relaxation and focus. Participation in physical activity is positively related to academic performance in young people (Singh, A. et al., 2012).

<sup>8</sup> There is an association between tobacco use and low academic achievement and motivation in students; students who use tobacco tend to have lower academic grades than their peers (Morrison and Peterson, 2010). "Adolescents who do well in school are less likely to smoke." There is an association between academic achievement and rates of smoking initiation (Morin, et al., 2012).

<sup>9</sup> The satisfaction of mental fitness needs (competence, relatedness and autonomy) in the educational context has been associated with a range of positive personal and academic outcomes, including enhanced academic self-esteem and engagement, increased scholastic confidence and performance, and decreased likelihood of dropping out of school (Morrison and Peterson, 2010).

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- Chignecto Central
- Équipe École-santé du CSAP
- Halifax Regional School Board
- Mi'kmaw Kina'matnewey
- Port Hastings
- Tri-County area

The Nova Scotia *Thrive!* project is relevant to New Brunswick because through conversations between Ross Campbell (NB PES), Lori Munro-Sigfridson and Steve Ranni of TAPHE (Teachers Association of Physical Health Education), NB PES and the Healthy Learners Teams in former School Districts 17 and 18 were inspired to reproduce Nova Scotia's success in New Brunswick. After the boards' amalgamation in 2012, those influenced by *Thrive!* were engaged in a process to rejuvenate a Comprehensive School Health/ HPS program in the context of the newly created Anglophone West School District. That ASD-W leadership team sought out a partnership with PHE Canada to help them build a better understanding of how to develop capacity among local school communities, with the result that six of the district's schools agreed to work together to pilot HPS efforts in NB.

### 2.3 PHE Canada and the HPS pilot in New Brunswick

Since 2010, PHE Canada sought to develop a new approach to support the dissemination and uptake of HPS. In 2011, it received support from the Lawson Foundation for this initiative. After examining the experiences of successful HPS initiatives across Canada and conducting extensive conversations with HPS leaders and innovators, they developed a theoretical model of a network approach that they believed could build on existing initiatives, as well as provide a strong potential for sustainability by utilizing local assets and resources.

PHE Canada's HPS dissemination model was based on providing HPS training to schools in a geographic cluster, and then supporting them virtually through the implementation process. The clustering approach was developed so that schools would have a better chance of learning together, sharing experiences and supporting each other through implementation. There was also a better chance to develop a critical mass of HPS schools in particular areas of the country.

Ross Campbell, the Physical Education and Health Subject Coordinator for the Anglophone West School District in New Brunswick, became aware of the HPS opportunity through his involvement with PHE Canada's Council of Provinces, as President of the New Brunswick Physical Education Society (NB PES). In his work as a teacher, counselor and at the school board he had many years of experience supporting schools trying to address health issues. He believed the HPS approach had the potential to help move schools to a new level (through its CHS base) in this work. Through his position he was also able to identify a group of schools – and school champions – that he was confident had the interest and the commitment to implement an HPS initiative.

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Together, the HPS Program Manager from PHE Canada, Sarah Jackson, and Ross worked out which schools might offer the best chance of success. To be eligible, schools had to meet certain criteria: there had to be support from the school board; there needed to be at least tacit support from the school principal; and there needed to be someone who could act as the HPS Champion in each school, whose role included forming a Leadership Team in the school as well as acting as the school's liaison to the New Brunswick cluster of HPS schools. In terms of support, the school Champion initially participated in a one-day training session on the HPS approach, led by PHE Canada. The participating schools then agreed to follow the HPS process, including completing the Healthy School Planner exercise developed by JCSH, as well as submitting regular progress reports. In exchange, each school was eligible to receive a \$1,000 grant for HPS activities, support to attend the workshops and on-going support from PHE Canada through their planning and implementation process.

### 3.0 Implementing HPS in AWSD Schools

#### 3.1 Participating schools

The decision regarding which ASD-W schools would participate in the initiative was made by Ross. He picked six schools that represented a cross-section of geographic areas and school types in the jurisdiction of the Board: urban-rural, large-small, elementary-secondary. A major factor in the selection process was the identification of the school champion. Ross specifically went to individuals whom he was confident had the interest and the leadership skills to make the pilot successful. His thinking was that it was critical to have some local success with the HPS approach in order to be able to give it some credibility and establish a connection to the CHS model and to help it to take root in the province.

Why did the local Champions want to get involved in HPS? One teacher said, "I had been a Phys Ed teacher for many years and saw a need to do things in a different way, one that would get the whole school involved, as well as partners from the community. Also, by making this a whole school project there are more opportunities to work together."

The schools that participated in the New Brunswick HPS pilot were:

- Lincoln Elementary Community School, Lincoln, NB. Lincoln is a K-5 school with approx. 190 students
- Montgomery Street Elementary School, Fredericton (K-5 school serving middle class neighborhood, approx. 200 students)
- Nackawic Elementary School, east of Fredericton near Southampton
- St. Mary's Academy, Edmundston (K-12 school serving Anglophone community in Francophone city, approx. 190 students)
- Stanley High School<sup>9</sup>, in Stanley, NB
- Assiniboine Elementary<sup>10</sup>, in Oromocto, NB

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<sup>10</sup> Dropped out in the summer of 2014

### 3.2 PHE Canada Training and Support

Representatives from each participating school in New Brunswick attended two, one-day training sessions, the first in April of 2014 and then again in April of 2015. The purpose of the initial training was to introduce the HPS concept (connecting it to CHS model) and to help the schools get started on their initial planning. At the subsequent training session, the schools were able to share their implementation experiences, learn from each other and reflect on their progress. Both of the trainings were held in Fredericton and led by PHE Canada staff.

Each school was invited to send as many members of their HPS School Leadership Team as possible to the trainings, including the Champion, a member of the Administration, as well as other members including parents and students. In addition, the members of the Healthy Learner Team, including public health nurses and dieticians, attended.

For the first training PHE Canada was able to cover the cost of relief teachers, although that was not possible for the second training.

The topics covered in the training were:

- Getting participants and their school communities engaged in the Health Promoting Schools project and framework, using the Comprehensive School Health model;
- Informing participants about PHE Canada and its resources for helping them achieve their in-school goals of creating a healthy school community;
- Helping the participants build the capacity of their school staff and faculty to create health promoting schools;
- Building strong leadership teams at each school and throughout the region with a vision and set of actions for building health promoting schools;
- Laying the foundation for a strong regional network that could add further capacity to each school's goal of creating a health promoting school; and
- Evaluating the workshop training content, format and methodology to determine its suitability for further deployment nationally in support of future Health Promoting School initiatives.

### 3.3 Role of the Local Champion

The Local Champion played a key role in each of the HPS schools. As stated earlier, Ross Campbell picked the Local Champions from among several Physical Education teachers whom he knew personally, and whom he thought had the skills necessary to develop successful HPS initiatives in their schools. The most important aspect of the role of the Local Champion was not to focus on delivery of curriculum or the organization of activities, but to recruit and support a Leadership Team in each school.

### 3.4 HPS Leadership Teams

In addition to the local HPS Champion, the Leadership Teams usually included: a school administrator, other teachers, school staff, a public health nurse or dietician and sometimes parents, students and community members. Some of the community members involved included University of New Brunswick professors, a Good Life gym manager, and staff from a mental health organization. They were attracted by the possibility of contributing to the school community and making a difference to the health of the students.

The role of the Team was to share the responsibility for leading the school's HPS initiative. The interviewees noted that each Leadership Team was successful in creating a sense of shared ownership throughout that extended beyond the Physical Education group, and that helped to make HPS an initiative that encompassed the whole school community. This broader sense of ownership was also helpful in creating a sense of longer-term commitment to the initiative. The teams also helped to bring additional expertise and resources from other parts of the school and the community to support HPS activities.

The approach to developing the Leadership teams was very bottom-up. In some cases the Local Champion sent out general invitations to invite people to participate; in others, the recruitment was more targeted. It proved to be very important to get a member of the school administration to be part of each team, in order to get buy-in and necessary support for the initiative from the school leadership. As one Local Champion commented, "with support from the principal, HPS is now part of our school professional development."

It was important to get people who were excited about the possibility of HPS. These team members agreed to participate because the notion of developing a healthy school community just seemed to resonate with them. One teacher reported, "We had our EA, who also taught Zumba outside of school, and who took on promoting student physical activity; our guidance counsellor was responsible for student connectedness; and our local pharmacist decided to be our wellness rep."

The Leadership Teams created a climate where there was a sense of fun and openness to new ideas. One teacher noted, "We had two people co-chair the leadership team but that was a job that mainly involved acting as a facilitator of ideas of others. It just wouldn't work if one person set the agenda, made decisions and expected everyone else to follow through." Ideas came from anyone and then in following up on them, team members used their connections to involve others. "Everyone in the team is developing their own ideas but they are using everyone's connections to make it happen." This gave team members a shared sense of ownership and secured their ongoing participation.

This approach of developing a Leadership Team to support HPS was considered to be quite important by several teachers and administrators. "One of the reasons why HPS had not become more generally established in schools is that there is lots of staff turnover. In the past, things like HPS were dependent on the motivation of individual teachers or admin staff. If they left, the whole thing disappeared. What was needed was more professional

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development for teachers to help spread responsibility for HPS more broadly. Right from the start PHE Canada's attitude has been to emphasize this team-based approach."

"In our first workshop meeting with the six NB schools, we started working on developing mission statements, gaining recognition in the school, and exchanging program ideas with the other schools. But what the PHE Canada workshop really helped us with was the process of forming a leadership team in the school. We were completely missing that until then."

The interviewees expressed their appreciation to PHE Canada and Ross Campbell from AWSB Board for their help in alleviating the fears that come along with starting a new program and the uncertainty that tends to go along with it. They noted that there is a tendency to become overwhelmed at first. But once the Leadership Teams got established and they had identified their priorities and developed their plans, they found that this provided them with a solid foundation on which to build their HPS initiatives. They also learned that they did not have to try to address all of the issues in their school at once, but could build over time. In one school, for example, reaching out to kids to ensure student connectedness was their first priority. Next year, their focus will be on staff. In between, they will try and balance their activities around mental fitness, healthy eating, self-regulation and physical activity.

The school-based teams became more comfortable when they discovered that they were already doing many of the recommended activities, but it was the structure that was provided, that excited them as they saw more ease in executing the plan. What they realized was that the main difference with HPS was in how all the different 'health' pieces fit together. In particular, the exercise of mapping it all out through the *Healthy School Planner* and seeing how all the pieces fit together, allowed them to conceive of a more holistic school approach.

The interviewees universally indicated that their biggest challenge was and remains **time** – having the time in the day to get teachers and staff to participate. Participating teachers and staff did not receive any time reduction in their school responsibilities to plan HPS activities, and no release time was provided by the Board for their activities. In some instances, schools were able to insert HPS discussions into PD days or into weekly staff meetings as a way of educating teachers and staff. It was therefore, in this context, that the small contribution that was initially provided by PHE Canada towards release time to attend the first workshop was considered very important. Many teachers and administrators noted that they might have been able to move more quickly with HPS, or accomplish more, if they had been able to access additional release time.

### [3.5 Engaging Stakeholders](#)

The NB HPS initiatives were quite successful in engaging a variety of stakeholders. The most consistent external partner in all of the initiatives was the health authority, whose participation aligned well with the Healthy Learners In School Program wherein public

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health staff were co-located within the school board to provide support to schools. As stated earlier, HPS provided the opportunity for renewed energy and commitment thus strengthening relationships with schools.

HPS allowed the Healthy Learners in School Program staff to work directly to support the school Leadership Teams; they took the HPS training with the teams, developed partnerships with the teams and were able to contribute to the development of school strategies, especially on issues of nutrition and mental health. Said one public health nurse, "We now do a lot more connecting, educating and awareness creating." The nurses expressed strong support for HPS as a strategy because of its potential to help achieve the priorities for school health that had been established by the NB Department of Health under the Healthy Learners in School Program.

The ASD-W Board was another important partner in the HPS communities. Ross Campbell, through his position with the Board, was able to keep it informed about HPS activities in each school, and to ensure that those HPS activities continued to align well with Board priorities, such as the Board's District Improvement Plan. This helped to lend added legitimacy to the HPS initiative and to position it, not as an "add-on" for the schools, but as an integral part of the strategy to help the schools achieve the Board's goals.

All of the participating schools wanted to increase parental engagement and used a number of strategies to inform and solicit that involvement. At Nackawic Elementary School and at St. Mary's Academy, the schools adopted new strategies for communicating with parents. Now, instead of just communicating with parents only when there was a problem, they are now making the effort to communicate to parents all the positive things that are happening with their kids at school and in the school community. As a result, parental participation has increased.

In addition, many Leadership Teams were able to develop relationships with community partners (some of whom were parents), leading to collaborations with places such as universities, gyms and suppliers of athletic equipment. A couple of examples included: a partnership with University of New Brunswick to organize a math-a-thon in one school; in another, a partnership was negotiated with UNB Nursing students to lead the school's Health Group; a government staff member working on the province's poverty reduction strategy led asset-based community development workshops at several schools that were very useful for helping to connect with community resources.

### 3.6 Planning and priority setting

Each school undertook a planning process to identify priorities for their school's HPS work. The planning processes made use of the JCSH *Healthy School Planner* tool (which each school was required to complete), and which was data-driven.



Figure 1: JCSH Healthy School Planner

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They also used school-based data from provincial health surveys as well as the *Tell Them From Me Survey* (a province-wide survey of Grade 4-5 students, and Grades 7+) to identify student issues and priorities. Each school then brainstormed to develop an action plan to address the priorities.

There was a conscious effort to make sure the HPS action plans were integrated well with the school's contribution to the ASD-W District Improvement Plans; this was important so that HPS would not be seen as a separate initiative, but one that contributed to the school's broader improvement goals.

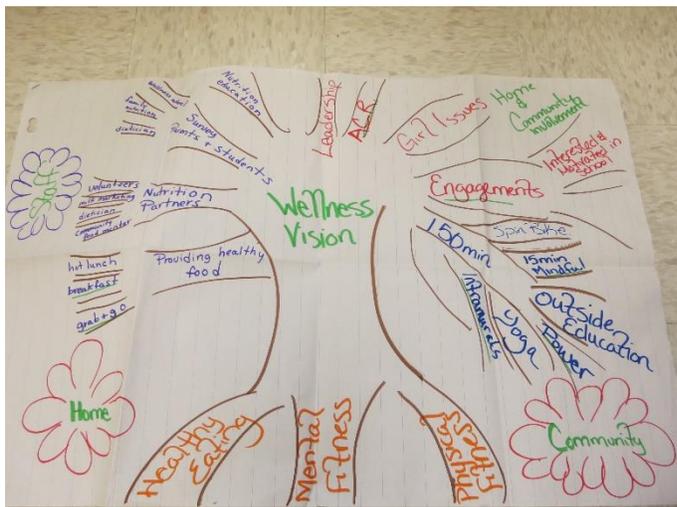


Figure 2: Mapping a Healthy School at Lincoln Elementary

The main issues identified by the HPS schools in their priority-setting processes were:

- Improving mental fitness
- Improving healthy nutrition
- Student connectedness and belonging
- Physical fitness and levels of student physical activity
- Student engagement

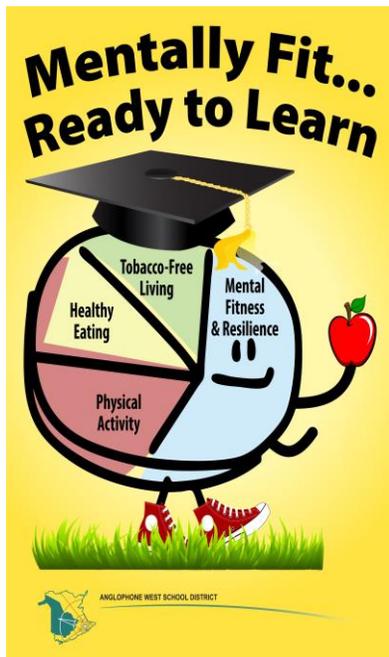
Many observed that while physical activity is still a concern, it didn't seem to be as great a priority as some of the others. Observed one teacher, "what we see is that the kids are active at school. The gym is being used all the time by classes or extracurricular activities and therefore physical activity is not as high a priority as say mental fitness or healthy eating."

### 3.7 Activities

As a result of the planning exercise, the NB HPS schools organized a wide range of activities under their HPS "banner". Although all of the schools had organized some form of health promoting activities in previous years, one of the features that distinguished the HPS activities was that they became part of a broader and more integrated school strategy, one that extended beyond the boundaries of the health and physical education curriculum. Some examples of the activities the schools began to experiment with, included the following (grouped by priority topics):

#### a) *Mental fitness:*

According to several interviewees, improved mental fitness helps kids to eat better, be more active and improve academically, so several schools saw it as a good place to start in creating a healthy school. "Mental fitness helps make the kids feel good inside, and then they are more likely to engage and participate in more activities," noted one teacher.



Most schools have therefore focused more on ‘mental fitness’ and connectedness rather than physical activity or the fourth provincial priority, being tobacco-free. “After doing the exercise with the *Healthy School Planner*, I think the emergence of the ‘mental health’ piece was a wakeup call for us all,” said another teacher.

The following are some comments from teachers and administrators related to mental fitness activities developed by the schools:

“In our first school meeting, the leadership team met with the whole staff at Lincoln Elementary Community School and we worked through the *Healthy School Planner* and in doing so we developed a school priority on mental fitness.”

“We’re trying to raise money, for instance, with the help of Ross Campbell at the school board to acquire 10 spin bikes

to put in classrooms. We think this will help with the students’ self-regulation and give them a physical outlet to let go of some of their pent-up energy or emotion.”

“While our leadership team is mostly teachers we have some staff and parents as well. For instance, three teachers who are trained yoga instructors and they have developed a program of mindfulness training for the kids. This gives them the chance to settle down and develop focus.”

#### b) *Healthy eating*

In the past, school fundraising activities often focused on selling chocolate or pizza. “While at our school, we now talk about the importance of healthy lunches and snacks in our pre-kindergarten sessions, the Board is now talking about healthy eating more generally, and how to do fundraising in a healthy way on its website.”

At several schools, a very popular program is *Smoothie Wednesdays*, where the cafeteria staff make smoothies for all the kids in the school and then community volunteers deliver them door-to-door to each classroom. The reaction of the students has been quite positive and has led to a big increase in lunchtime purchases of smoothies instead of the usual soft drinks.

At Montgomery Street Elementary School the leadership team partnered with local businesses, a chef, an HR activist, and half of the parents of its grade 4 students to deliver healthy lunches in a program called *Montgomery’s Magical Munchies*. The HPS champions

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and school staff prepped the food for lunch. The chef then directed parents to help prepare the food and the parents eventually ate lunch with their kids. The kids liked the food so much that many of the parents wanted the recipes. In response, the school prepared a recipe book and it now sells it at \$15 per book with the proceeds going to the local food bank.

### *c) Increasing student connectedness/building community:*

At Nackawic Elementary School, after the Leadership Team worked through the *Healthy School Planner* process and identified student connectedness as an issue, the teachers 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 was their initial starting point for improving the sense of belonging among students.

One of the priorities at Montgomery Street Elementary School was to increase participation in intramural programs. All of the students were assigned to a "house" and so many of the activities involved earning points for their house. In addition, students assumed a role in leading the intramural activities to a much greater degree than had happened before in the school; students assumed the role of leaders, DJs, scorekeepers, equipment organizers, in addition to their participation in the activities. Thus, the sense of responsibility for these activities was shared throughout the student body.

"The perspectives of CARE education (Cultivating Awareness and Resilience in Education) have been integrated into our curriculum and onto the playground so as to strengthen mutual care and connectedness as well as to help the kids to handle situations of conflict."

### *d) Physical activity*

The Lincoln Elementary Recreation Council has a Thursday sports program and, "through the HPS initiative we share equipment, cross promotion of events and together we are trying to raise more money for sports equipment."

At Nackawic Elementary School they already had a 'literacy night' and a 'math night', so they thought they'd create a 'physical literacy night'. It was a big hit with the kids because it was organized in the format of the TV show *Survivor*, with the kids creating competing teams, one of which was voted out at the end of each night.

At Lincoln Elementary, the school just launched in June an Outdoor Classroom - a nature trail from the school to a local marsh that students have both developed and continue to groom. Plants, trees and animals (frogs, birds, etc.) are labeled along the way. Teachers have begun taking students for walks along this trail about 2-3 times per week, (they'll do so even during the winter months), giving the student an opportunity for both exercise and learning.

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### e) Student & Parent engagement

HPS is slowly engaging the whole school community – teachers, staff, school administrators, public health nurse, dieticians and of course students and parents.

Interestingly, students are being seen as resources to be tapped and engaged rather than as just recipients of services. At one school, for instance, they noted how assemblies are now largely run by students, rather than teachers, illustrating how their efforts to get kids connected is beginning to pay off. “Building a healthy school means getting the whole school on board. To really accomplish this we need to engage more students, class by class.”

Parents, too, are coming on board. At Montgomery Street Elementary School, everyone thought that parents would be too busy or uninterested to participate in the *Magical Munchies* program. Instead, half of the parents became involved. Said one interviewee, “The reaction of the parents has been very positive.” In another instance, and in a break from the past, it was observed that parents were stepping up and becoming certified basketball coaches, when previously that task was just left to PE teachers.

## 4.0 HPS Initial Impacts

The HPS initiative in New Brunswick is still at a very early stage among the participating schools, so at this time it is challenging to fully assess the HPS impact on students, families and their communities. However, some results will be collected via subsequent annual iterations of the *Healthy School Planner* and more results will come from tools such as New Brunswick's *Student Wellness Survey* (although it is only administered every third year). Despite this, teachers and administrators at the four HPS schools have already identified anecdotal signs of success in terms of: an evolving healthy school culture, healthy learning, and PHE Canada's role.

### 4.1 Building a Healthy School Culture

One of the foundational ideas of HPS is that it is more than just a series of activities, but rather an approach that gets embedded into the culture of the school. Even at this early stage the participating schools are already showing signs of how this is happening. Through the process of developing Leadership Teams at the schools in combination with a structured planning process, HPS is being seen as more of a long-term strategy with sustained support than just a “flavour of the month” exercise. All of the schools had organized health and nutrition activities in previous years, but these had usually been “one-off” events. With HPS there is a greater prospect of sustainability due to the integration of activities across the school, in addition to a stable group within the school who can focus on implementing the strategy.

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A public health nurse commented, "HPS has been important in helping schools to move from thinking about health promotion as a specific activity or program, to thinking about it as a framework. The difference is that a framework is a way of thinking, and the impact can be much greater and longer lasting than with programs that come and go... HPS has really helped to 'put health on the agenda' at these schools. They have worked through the process and have developed their plans, so they now take a much more intentional and integrated approach to health promotion .... Schools are asked to do so many things; HPS helps to give them a focus and make their approach much more consistent."

Ross Campbell concurs, noting that one of the defining aspects of HPS was its focus on developing the school community and, through doing so, moving beyond what individual teachers could do on their own. "HPS is slowly engaging the whole school community – teachers, staff, school administrators, public health nurses and, of course, students and parents."

One of the biggest benefits arising from HPS NB has been increased opportunities to share: among the school leadership team; among the school champions brought together by Ross; and across the broad spectrum of stakeholders (school administrators, PE teachers, other teachers, school staff, public health nurses and other community members). This sharing has had the effect of increasing confidence, fostering collective innovation and its dissemination, and increasing the potential for sustainability.

The public health members of the Healthy Learners in School Program team saw the introduction of HPS as a very positive development. It provided them with a much more stable base for working with schools through their connections with the Leadership Teams, as well as more comprehensive plans to work from. They indicated they would love to see HPS expand to other schools in order to help achieve provincial health goals.

Several schools noted increased levels of stakeholder participation in the various HPS activities as time passed. They attributed this to the openness of the HPS strategy, so that as activities were planned and implemented, they could build on each other and intentionally reach parts of the school community that had not previously participated.

One administrator reported, "We have a happier school since we started HPS. More teachers and students are participating in activities, and there is better morale among students and teachers. As well, parents have been better informed about school activities and are now participating more."

### 4.2 Fostering a Culture of Healthy Learning

In addition to fostering a Healthy School Culture, an additional dimension of HPS has been helping to support a culture of healthy learning. This is a more integrated approach where academics and a student's physical and mental health are not seen separately, but as part of a whole.

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Many of the activities that the schools organized were based on this approach, with the idea that helping the students to be more active, to eat more nutritiously, and to develop skills in areas such as self-regulation would enable them to be more successful academically. While it is still too early to speak definitively to this kind of impact in the context of the NB HPS schools, several of the teachers and administrators spoke to the fact that there had been a general increase in morale and participation in their schools, and early signs of an improvement in academics.

### 4.3 PHE Canada's Role

First and foremost, interviewees felt there was a great deal of value in being invited to participate in a national HPS pilot (by PHE Canada) and in being provided with a small incentive to do so. However, the monetary value of the incentive was not its most important part. Rather it was seen as an affirmation of a direction the schools wanted to move in, and as an indicator of the recognition and support needed for them to become community innovators.

PHE Canada provided more than inspiration. They provided a systematic, practical approach for each school to achieve its own health goals -- whether they were around physical activity, nutrition, mental health or connectedness.

PHE Canada also created opportunities to share experiences and develop innovative ideas. This proved to be no small thing in the minds of the participants. Having access to a group of peers in a 'community of practice' nurtured a sense of confidence in the participants' ability to achieve what initially seemed to be very big goals. But it also fostered a sense of community and shared commitment. In doing so, PHE Canada laid the foundation for a regional network for the creation of healthy school communities – a resource that can be tapped for ideas and support both now and in the future.

## 5.0 Scaling up Health Promoting Schools: Looking Forward

The New Brunswick experience provides a number of helpful lessons for further expansion of the HPS approach in New Brunswick, as well as for introducing HPS to other parts of the country.

### 5.1 Expansion Strategy for New Brunswick

Based on the positive experience of HPS in the pilot schools so far, Ross Campbell developed a clear strategy for expanding the initiative in New Brunswick. The idea is to foster the pilot schools as "exemplars" that could support new schools by providing concrete local examples of how the HPS concept can work, in addition to providing aspiring schools with local experience and expertise. Each of the current HPS schools has agreed to mentor another nearby school in the HPS approach. Campbell has already discussed this mentoring role with the four principal Champions. In this way, Ross sees the expansion of

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HPS in New Brunswick as being largely self-sustaining over the long-term, as experienced schools “pay it forward” and are able to support new schools as they aspire to become healthy school communities.

Campbell is also in discussions with the ASD-W Board about providing one day of relief time for each of the Local Champions to go to a nearby school and help them with their initial HPS planning. He is also trying to arrange a presentation by one of the current schools at a fall 2015 meeting of NB school administrators, so that they can hear about the HPS experience first-hand.

Several interviewees pointed out the importance of aligning the HPS approach with provincial and School Board strategies and showing how it may be used as a tool to help schools realize their student health goals. Schools considering implementing their own HPS initiatives, need to see how HPS helps them to better fulfill the health priorities of the District and the Province, in addition to contributing to overall student academic achievement. According to Campbell, this will lend a greater sense of legitimacy to HPS, as well as minimizing the chance that it will be marginalized outside of school priorities.

### 5.2 Role of the Regional Champion

Having a regional champion was a key factor in supporting this initiative. Ross Campbell, in his position at the School Board, was able to identify Local Champions with the necessary skills to support successful implementation of HPS. He was able to maintain close contact with the participating schools and provide support and encouragement where necessary. He acted as the principal conduit for sharing knowledge and experience between the HPS schools and the Board. He was also instrumental in helping the schools to find additional funding opportunities, and/or people who could contribute specific expertise or resources.

According to one informant, “Ross is the real ‘gel’ with the four schools. Where we may not have had the time to share with each other, Ross got us going, kept us informed, looks for opportunities, monitors our progress and supports us when we need it.” “Ross,” said another, “was sending out emails every three weeks. He acted like a conductor helping to orchestrate us all. Besides he’s our direct link to the Board.”

In addition, Ross played an essential role from a policy perspective with the Board. He was able to help both the school administrators and the Board to see HPS as a strategy that contributed to their own school improvement plans. By doing this, he was able to contribute to its “legitimacy” in their eyes. This helped HPS to be seen much more as a “core” activity, rather than as yet another “add-on” that competed for the time and attention among school administrators and teachers.

### 5.3 Role of the Local Champion and Leadership Team

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Local Champions played a critical role in supporting the development of successful initiatives at each school. Perhaps the most important lesson to be learned from the New Brunswick experience is that the focus of the Local Champions should be on the development of the Leadership Team, rather than on the organizing of specific activities. Local Champions should have leadership skills, but should also have the skills to help facilitate and mobilize the Leadership Team and encourage in those members a sense of shared ownership over the initiative.

According to one Local Champion: "The Local Champion should be focused on developing the Leadership Team and strong partnerships, rather than on the activities only. There is a temptation to get into the activities but you are really trying to create a broad base to support the whole initiative."

Because of the diversity and shared ownership within the Leadership Teams, they were successful in engaging a broad group of stakeholders, including other teachers and staff, parents, students and community members. There was evidence that the Teams did feel a sense of joint ownership over the initiative, and that Team members contributed their time, expertise and connections. In this way, the hope was that strong Leadership Teams would be able to deal successfully with the normal ebb and flow of people in a school, and not be overly dependent on a single member.

Some key lessons on development of the Leadership Team: "avoid silos" – "it's a team approach"; "it's all about relationships"; "get like-minded people together to start"; "get people who are not PE teachers together" (from a PE 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"; "once people get it, there's no going back". "This experience really validates the importance of fostering health in education to create healthy knowledgeable adults."

From an administrator: "It is really important how you present HPS to staff. They need to see this not as an add-on, but as a new way of doing business. It needs to be part of who we are as a school ... It is important to use an empowering approach with staff, to invite their ideas." And finally, "In implementing HPS, it is really important to keep focused on the big picture of what you are trying to create, and not to get lost in all the details."

### 5.4 Role of Public Health

Public Health was an essential partner in the HPS process. It already had a mandate to support schools as important places to support health promotion in the community, but the HPS initiative increased their involvement with schools. With HPS, each school had a Leadership Team, priorities and a strategy, which led to closer working relationships with representatives from Public Health. It also supported creativity and innovation as ideas were quickly communicated through the public health network to other communities and schools in addition to school networks. Local Public Health Nurses and Dietitians proved to

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be integral to this HPS initiative and therefore should be engaged early on in the HPS process as part of a global leadership team.

Public Health staff noted the importance of supporting the schools in developing their own unique strategies and facilitating the process to help schools develop their own unique goals. "It's really important to meet each school where it's at in its own change process. Schools will be at different stages – this is not a 'cookie cutter' approach", said one public health nurse. It is also important for public health officials to allow educators to make the case for HPS in terms that resonate with other educators. It was suggested that public health can lend support to an evidence-informed process linking health measures with learning and academic performance in order to provide further evidence to support HPS.

### [5.5 The Local HPS Cluster](#)

The representatives from the four HPS schools found the idea of working through the HPS workshop process together as a group of peers to be a useful one. During those times, School Champions and Leadership Team members were able to form relationships that enhanced their confidence and inspired their action. We also saw that these relationships were sustained afterwards and seem to be deepening over time with ongoing sharing between schools.

The geographic distances between the four New Brunswick schools limited their face-to-face interactions to the two PHE Canada workshops in the spring of 2014, 2015 and the interactions at the NB PES *Remember When*, Physical Education and Health Conference. The participants shared each other's contact information, but only those schools in relative proximity (i.e. Nackawic and St. Mary's) continued to have an ongoing exchange of ideas beyond the workshops. However, with the second workshop, there seemed to be an increased interest in enriching those connections. That is because the experience of working together was, without a doubt, what all the participants identified as the most valuable aspect of the entire project. One teacher noted, "Working with the other schools helped alleviate the fears and uncertainty that usually go along with any new program. You don't know what it all will look like in the end, but you do know that you're not just doing this by yourself." "The real value of a project like this," said Ross Campbell, "is in bringing together a group of people sharing a passion for this issue so they can share and create ideas."

For the most part, information about the projects and the various school experiences flowed through Ross Campbell. However, the public health nurses used their own network to exchange ideas between school communities. While there was some discussion of how to create a virtual platform to share information and promote discussion between participating schools, this did not happen during this phase of the project. One teacher described a reluctance to participate in virtual platforms because, "there's a bit of disconnect when people are not face-to-face. In the past, most people shy away from the notion of a web-based platform of knowledge exchange."

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Nevertheless, there was some discussion about the creation of a virtual platform. Interviewees claimed that the best way to interact and share with others was face-to-face. However, if that was not available and a personal connection had already been made, then they said the next best thing was using *Skype* or *Lync*; then teleconferencing; then some form of wiki or Facebook page and then lastly email. On a practical note, it was also mentioned that the IT networks for the schools and public health don't align well, which limits information exchanges to basic strategies like email.

### 5.6 PHE Canada as Backbone Organization for a National Community of Practice

Participating schools unanimously appreciated the support they received from PHE Canada, especially the training workshop and the school funding, but also PHE Canada's ready accessibility for follow-up consultations by the schools or the cluster leaders.

"We are very happy with PHE Canada's leadership." "It was an excellent process."

"The professional development exercises were well organized and the second meeting where we developed an action plan was particularly valuable."

"Just to have that additional support, to know someone valued what we were trying to do was important"

When informed about the existence of other HPS projects across the country, participants in the New Brunswick participants expressed great interest – they thought it was very exciting to be part of a larger "movement". They indicated that PHE could bring additional value by helping them to connect to others outside of the province. The national HPS conference that PHE Canada is currently organizing for the fall of 2015 will be the first step in addressing this issue. Another contribution that PHE Canada could potentially play would be as a national "backbone" organization developing some form of facilitated online platform to support HPS knowledge exchange and mutual support between the members of a national HPS "community". This idea requires further investigation as to its usability among school community stakeholders.

### 5.7 Evaluation

Evaluation of the impact of HPS on student health and educational performance needs to be understood as a long-term proposition. Some impact results are being collected via annual iterations of the *Healthy School Planner* and the Province's *Student Wellness Survey* (but this is only administered every third year). Nevertheless, anecdotal evidence is already showing some signs of success.

From the perspective of HPS participants, more evaluation support tools would be appreciated, tools that can help both to monitor real-time processes and long term student and community impacts. There is also an important role to engage researchers to help develop strategies to assess student impacts more rigorously.

### 5.8 Support for Schools

One of the significant challenges faced by schools participating in HPS is the funding relief time so their teachers could attend HPS training. The relief support received from PHE during the initial training was greatly appreciated, but PHE changed its funding model so this support was not available for the second training session. It is possible that school boards might be able to budget for this as it becomes more ingrained into the School Improvement Planning Process.

Schools are always looking for funding to enable them to carry out activities or to purchase equipment/supplies that are not covered in their core budgets. One of the important roles played by Ross Campbell and the Healthy Learners Team has been to be on the lookout for funding opportunities for schools.

### 6.0 Conclusion

In the context of modern Canadian schools, the experience of poor student nutrition<sup>11</sup>, high rates of childhood obesity<sup>12</sup>, declining levels of mental health among students<sup>13</sup>, and a growing sense of disconnection<sup>14</sup> and anti-social behaviour among young people is rather commonplace. The notion of creating a 'healthy school community', may seem to some, therefore, as a bit utopian or altruistic – obviously too big for any single school to tackle. In fact, this misperception may be the biggest impediment to a healthy school.

New Brunswick schools, like those in the rest of the country, have been similarly challenged. Like their counterparts in other provincial and territorial jurisdictions, the New Brunswick ministries of education and health already had policies in place that support school health, and the basic tools and resources had already been created by bodies like JCSH, and yet the approach at the school level remains inconsistent.

Most schools have counted on the energy and motivation of individual teachers, mainly their Phys. Ed teachers, to organize activities related to health issues. The problem has been, therefore, that since the responsibility for leading and organizing these activities has rested on individual teachers who have limited time and resources at their disposal, many of these activities remained episodic, unintegrated into the life and culture of the school. They also tended to come to an end if the teachers left the school or went on leave. Partnerships with outside stakeholders tended to be similarly sporadic.

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<sup>11</sup> Ryan Charkow, "School nutrition programs failing Canadian children", *CBC News*, 30 Aug 2011

<sup>12</sup> Kelly Crowe, "31% of Canadian kids are overweight or obese", *CBC News*, 20 Sep 2012

<sup>13</sup> The CMHA estimates mental illness is increasingly threatening the lives of our children; with Canada's youth suicide rate the third highest in the industrialized world. Accessed at: <http://www.cmha.ca/media/fast-facts-about-mental-illness/#.VasPyPIUU2w>

<sup>14</sup> John G. Freeman, Matthew King, William Pickett, with Wendy Craig, et al..*The health of Canada's young people: a mental health focus*, Public Health Agency of Canada, Ottawa, 2011. Accessed at: <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/publications/hpsc-mental-mentale/assets/pdf/hpsc-mental-mentale-eng.pdf>

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The HPS experience, on the other hand, has demonstrated that a relatively simple, low cost intervention has the potential to produce some substantial changes in the way schools approach the promotion of student health and improved academic performance. HPS has helped to provide a strong foundation that schools can use to support a wide variety of health promotion work. The main features of the HPS approach included:

- Identifying a Local Champion whose focus is on developing a Leadership Team and a collaborative HPS process (as opposed to delivering curriculum items);
- Sharing ownership and responsibility for leading the initiative across a diversity of passionate partners with different ideas through the Leadership Teams; and
- Using a planning process that is based on data from individual schools to help each school identify its own priorities and then to develop comprehensive strategies to address them.

As a result of PHE Canada's HPS initiative, schools say they have been able to expand their engagement in health promotion to reach across the whole school community. They have been able to bring in new partners, and to achieve promising results. They see HPS as a practical strategy to help the schools to achieve both Board and provincial government improvement goals.

All it seemed to take was a small nudge from PHE Canada in the form of a framework, some added professional development and small activities grants to trigger much greater local commitments to coalesce around fostering a culture of a healthy school. HPS is seen as much more than a program -- it is a new "way of being" for the schools.

Said one 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." "Working together," said another, "with others in the school and with other schools helped alleviate the fears and uncertainty that go along with creating something new." In the end, what once might have been considered as quite unachievable, can now be seen as completely realizable within a few years.

PHE Canada has developed what appears to be an effective and cost-effective model for supporting the dissemination and uptake of HPS. While further tracking of long-term impacts on student health and academic performance results is clearly warranted, the lessons learned from the New Brunswick experience will help to further refine and reinforce approaches of creating healthy school communities in other parts of the country.

The New Brunswick HPS experience highlights how a healthy school is very much within the reach of every school. School health policies are in place in every Canadian province and territory. Passionate teachers are present in every school. HPS has demonstrated that a framework and a structure to support the health promoting efforts of school communities, can vastly increase the likelihood of their impact and sustainability.