

PROJECT EVALUATION REPORT

BUILDING NETWORKS TO PROMOTE COMPREHENSIVE SCHOOL HEALTH

JANUARY 2006 - MARCH 2007

**A project funded by the
Public Health Agency of Canada,
Alberta/Northwest Territories Region,
Population Health Fund**

Prepared by

Lori Baugh Littlejohns
April 2007

Acknowledgements

This project was made possible through funding from the Public Health Agency of Canada and through the contributions of many people.

Special acknowledgement goes to the ACHSC Executive Committee who oversaw all deliverables of the project, worked on various Task Groups, and supported Lori Baugh Littlejohns in project planning, implementation and evaluation.

DOUG GLEDDIE
VEL THOMPSON
SHELLEY BARTHEL
BILL GORDON
CHERYL MACLEOD
DONNA THOMPSON
SHARON BOECHLER

MARG SCHWARTZ
GAIL DIACHUK
YVONNE ALLAN
PAMELA DRINNAN
MARY ANNE VENNER
SUSAN YACKULIC

Sincere thanks to the following people for their time and inspiration in working on Task Groups or supporting project activities:

SHELLEY COOPER
MONA PEARSON
ARLENE/BRENT TAYLOR
JAYNE THIRSK
JILL AUSSANT
CAROLINE MCAULEY
PAT MARTZ
CHERYL SHINKARUK
VIOLA PROWSE
CALLA FARN

VALERIE WILBUR
COLIN INGLIS
DIANNE DRUMMOND
RON MCLEOD
FRED SUDFELD
NANCY ZUK
LAURIE MCCAFFERY
BRETT THOMPSON
CARMEN LAWRENCE

ACHSC is also grateful to the following organizations for sponsorships for the 2006 conference:

ALBERTA HEALTH AND WELLNESS
ALBERTA EDUCATION
ALBERTA HERITAGE FOUNDATION FOR MEDICAL RESEARCH
DAVID THOMPSON HEALTH REGION
CAPITAL HEALTH REGION
COLLEGE OF REGISTERED NURSES OF ALBERTA

This report is essentially a 1 ½ year history in the life of a coalition of people working with term funding to promote school health in Alberta. The report was written by Lori Baugh Littlejohns, a health planning and research consultant, who was project coordinator and internal evaluator. The views contained in this report are the author's and do not necessarily reflect those of the ACHSC Executive Committee.

For more information contact the ACHSC Executive Committee through the ACHSC website www.achsc.org

TABLE OF CONTENTS

Acknowledgements	2
List of Appendices	4
INTRODUCTION	5
PARTNERSHIPS	8
AWARENESS AND EDUCATION	11
HEALTH DISPARITIES	18
HEALTHY PUBLIC POLICY	21
RECOMMENDATIONS	23

Appendices

- 1** ACHSC. (2005). *Building networks to promote comprehensive school health*. Proposal to the Public Health Agency of Canada, Population Health Fund.
- 2** ACHSC. (2006). *Results of an online survey–Building the ACHSC network through knowledge exchange*.
- 3** ACHSC. (2006). *Conference evaluation report: Comprehensive school health–Developing networks and sharing knowledge*.
- 4** ACHSC. (2007). *Number of Website Visits by Month: January 2006 to March 2007*.
- 5** ACHSC. (2006). *Socioeconomic disadvantage: Health and education outcomes for school-aged children and youth*.
- 6** ACHSC and Dietitians of Canada – Alberta and Territories Region. (2006). *Foundations for school nutrition initiatives in Alberta*.
- 7** ACHSC. (2006). *A Plan for an Alberta Healthy School Community Wellness Fund*.
- 8** Baugh Littlejohns, L. (2006). Creating a shared vision for healthy school communities in Alberta. *The APHA Promoter*, Spring 2006.
- 9** ACHSC. (2007). *Survey instrument: Environmental scan of school authority and health authority school health promotion policies and programs*.
- 10** ACHSC. (2006). *Proposal for an upward amendment to Building networks to promote comprehensive school health project*. Proposal to the Public Health Agency of Canada, Population Health Fund.
- 11** Baugh Littlejohns, L., Thirsk, J., Aussant, J., and McAuley, J. (2006). Some answers to pressing questions about school nutrition. *The CASS Connection, The official magazine for the College of Alberta School Superintendents* (Fall 2006).
- 12** Aussant, J., and McAuley, J. (2006). Decision, decisions ... Fries with or without gravy? A muffin or an apple? Brown bag lunch or buy?, *Research Update*, Alberta Centre for Active Living, Vol. 13, No. 2, June 2006.
- 13** Baugh Littlejohns, L. Results of an online survey: Building the ACHSC network through knowledge exchange. Manuscript accepted for publication. *Health and Learning*. Canadian Teachers Federation.
- 14** ACHSC pamphlet

INTRODUCTION

The Alberta Coalition for Healthy School Communities (ACHSC) is a registered non-profit society with a 12 member Executive Committee that represents a provincial network of individuals and organizations committed to promoting and fostering healthy school communities. Since 1990, the ACHSC network has advocated for comprehensive school health approaches through network development and knowledge exchange strategies.

ACHSC received funding through the Public Health Agency of Canada's Population Health Fund from January 2006 through to March 2007 for the project titled *Building networks to promote comprehensive school health* (see Appendix 1 for proposal).

COMPREHENSIVE SCHOOL HEALTH

ACHSC describes comprehensive school health (CSH) as¹

- ❖ a 'whole' school approach is adopted where students, teachers, parents, school staff, community groups, agencies, and institutions work together on key priorities for improving health and educational attainment.
- ❖ Priority health issues are addressed through integration, coordination, and enhancements to a) curriculum and teaching methods, b) social and physical environments, and c) home, school, and community partnerships and services.
- ❖ Identified champions of the CSH approach provide leadership in schools.
- ❖ Facilitation of coordinating processes in schools helps assure success.
- ❖ Strategies or interventions that are implemented are evidence-based or have a strong indication that they are promising practice.
- ❖ Evaluation methods are utilized to report on the benefits or desired outcomes for school communities. For example²
 - There are strengthened support networks that encourage active involvement of key people in the learning process. Support includes parental involvement, mentors, peer support, community participation and development, family wellness, and staff wellness.
 - Healthy physical environments within the schools and communities includes: support for good nutrition, smoke-free school policies, etc.
 - The positive school climate created through the CSH approach improves learning and teaching.

¹ Source <http://www.achsc.org>

² Source: <http://www.education.gov.ab.ca/>

- The CSH approach results in improved health behaviours for the whole family.
- The CSH approach results in tangible benefits, such as improved student achievement, lower absenteeism, reduced drop-out rates, less student alienation and lower incidences of smoking and alcohol use.

PROJECT GOAL

The ACHSC network is recognized as the provincial leader for CSH.

PROJECT OBJECTIVES³

1. Effective *partnerships and community linkages* are established to maintain the ACHSC network as the provincial leader for CSH in Alberta.
2. There is strong *awareness and education* among Alberta school communities of the ACHSC network and the supports available to help implement CSH.
3. The ACHSC network strengthens understanding of *health disparities* among children and youth, families, and communities and provides supports to help address these issues through CSH.
4. The ACHSC network provides school communities with the support they need to develop and implement *healthy school policies*.

PROJECT STRATEGIES AND EVALUATION METHODS

- ❖ ACHSC conducted a stakeholder needs and capacity assessment targeting network members to help set direction for partnership development for furthering CSH. An online survey was administered in May 2006 to assess needs and capacities for knowledge exchange with respect to CSH. Data analysis and reporting was completed in September 2006 (see Appendix 2 for report).
- ❖ In collaboration with Task Group members, ACHSC hosted a conference titled *Comprehensive school health: Developing networks and sharing knowledge* on September 25-26, 2006 in Red Deer, Alberta to support awareness and education. A conference evaluation report was completed November 2006 (see Appendix 3 for report).
- ❖ The achsc.org website was redeveloped and updated quarterly as a second strategy to increase awareness and education. Tracking and monitoring the number of visits to website was reported (see Appendix 4 for web visits).
- ❖ With the participation of Task Group members, ACHSC commissioned and completed a background paper in May 2006 titled *Socioeconomic disadvantage: Health and education outcomes of children and youth* to strengthen

³ Project objectives are based upon the ACHSC 3 Year Strategic Plan (2004 -2007) [see achsc.org - Initiatives] which in turn was based upon the Alberta Healthy Living Network framework [see <http://www.ahln.ca/>]

understanding of health disparities (see Appendix 5 for the paper). A workshop was presented at the conference on this topic.

- ❖ In partnership with Dietitians of Canada and the Provincial Community/Public Health Nutritionists Committee Sub-committee: Provincial Nutritionists' Task Force for Comprehensive School Health, ACHSC completed a background paper in June 2006 titled *Foundations for school nutrition initiatives in Alberta* to support the development and dissemination of evidence-based practices for school nutrition policies and guidelines (see Appendix 6 for paper). A workshop was presented at the conference.
- ❖ Evaluation of the effectiveness and extent to which ACHSC has achieved PHAC project goals and objectives was conducted in part through an online survey emailed directly to 379 ACHSC network members in March 2007. There were 171 responses which represents a 45% response rate for the Project Evaluation Survey.

PARTNERSHIPS

NEEDS AND CAPACITY ASSESSMENT

The needs and capacity assessment (NCA) survey was the first time ACHSC was able to systematically reach out to health and education stakeholders in the province and assess knowledge and networking needs and capacities regarding CSH. It was viewed that the NCA was needed in order to bring forward concrete and strategic initiatives to partners in order to further CSH (see Appendix 2 for full report).

The expected uses of the survey results are to:

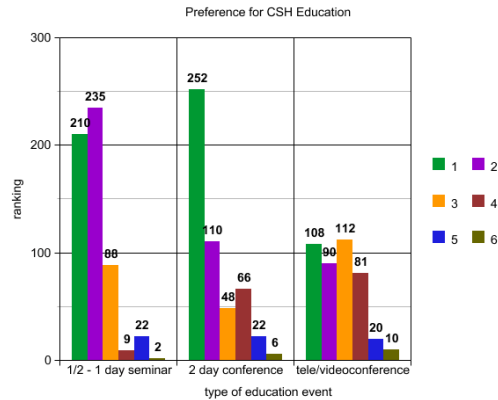
- ❖ Discover what knowledge, skill and resources would be useful to share among ACHSC network members.
- ❖ Design strategies to exchange relevant and reliable knowledge, skill and resources in collaboration with partners.
- ❖ Advocate at a strategic level for needed knowledge, skill and resources for CSH in collaboration with partners.

A key finding was that a little over half of the respondents felt they had a clear role in CSH. It was also found that even if respondents felt they had a clear role there was a lack of clarity about how to move CSH from concept to reality. Furthermore, support for CSH from the health system, education system, organizational structures, and school culture appears to be variable.

NCA respondents clearly articulated that they do not feel there are adequate financial and human resources to plan, implement and evaluate CSH. Eighty nine percent of respondents agreed or strongly agreed that they have personal passion, commitment and energy for CSH, however, 72% disagreed or strongly disagreed that there are adequate financial resources.

Respondents also stated that there are not enough educational opportunities to learn about CSH. Passive dissemination of knowledge is not what respondents want. More interactive learning opportunities (e.g., conferences, seminars, mentoring, networking, tele/videoconferencing, telephone hotline) were highlighted.

The Project Evaluation Survey (March 2007) asked network members to rank from 1 – 6 their preference for various educational learning events that were indicated in the NCA. The scores revealed that ½ - 1 day seminars are more preferable than 2 day conferences and tele/videoconferences were a third preference (see graph below). The other categories that ranked as less of a priority were networking, mentoring, and a telephone hotline.

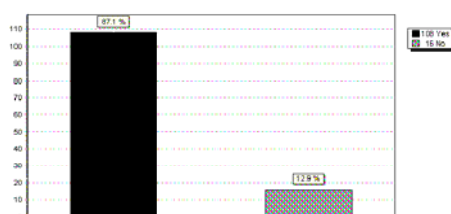


Three strategies emerged from the NCA as priority for strengthening knowledge, skill and resources for CSH among ACHSC network members:

1. An inventory of existing provincial and regional school health promotion initiatives.
2. Increased curriculum support for CSH.
3. An inventory or database of what Alberta schools are doing to create and sustain healthy school communities.

Questions were posed about the priority strategies in the Project Evaluation Survey. It should be noted that 73% of respondents stated that they did not complete the NCA survey and 60% had not read the report on the results of the survey. From this it is apparent that different people were reached for the project evaluation than the NCA.

The Project Evaluation Survey asked if respondents agreed with the top three priorities as indicated above and 87% said "yes."



If respondents stated "no" (13%) then they were asked what were the top priority areas for specific supports and resources for CSH. One theme that emerged was the need for continued progress on "gaining more support for CSH/Health Promoting Schools [at] the provincial level."

A cross-ministerial framework for Comprehensive School Health that is conceptually and financially supported at the provincial level to create school environments that promote optimal physical, psychosocial and academic development.

Identify the lack of policy at the Board and provincial level supporting school

health i.e. Boards and provincial governments have the jurisdictional authority to approve systemic policies affecting school health. Both levels of governance are "missing in action" here.

The second theme was the need for more CSH initiatives in schools to demonstrate the process and report on the outcomes.

I feel that curriculum has been supported enough - instead it should be support for schools to develop healthy environment[s]."

Agree with curriculum support but wonder whether time might be better spent on actual initiatives and find some other mechanism to communicate existing initiatives (using current technologies).

The third and final theme was with respect to the need for research and evaluation to inform evidence-based practice.

Evaluation and research that conclusively demonstrates the success of CSH is necessary and although anecdotal evidence is often shared regarding success, most documents point to the need for this type of evaluation and research.

Evidence should come first. Some places CSH is undergoing change & more emphasis is directed to systems level work between health and education to guide comprehensive school health & find or create evidence about what really works. Just because something is "going on" or "sounds or appears to create and sustain healthy school communities" doesn't mean it is so. Anti-bullying programs are a great example. Of all that are offered, many don't work at all, some in fact do harm. Yet systems, parents, passionate believers don't always pause to determine which are the few with evidence to say they work.... Such should be the case with CSH approaches.

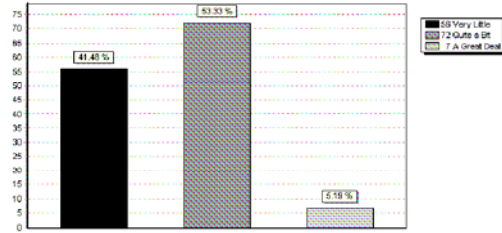
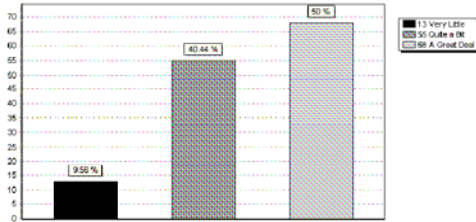
AWARENESS AND EDUCATION

This section reports on three project components: awareness of CSH and ACHSC, the conference, and the website.

AWARENESS OF CSH AND ACHSC

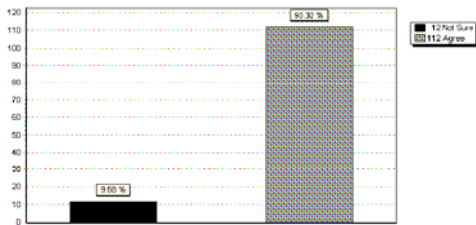
The Project Evaluation Survey asked respondents about their familiarity with CSH and ACHSC. Most respondents were familiar with CSH with only 9% indicated they had very little familiarity.

Over half of the respondents were quite familiar with ACHSC and it's projects over the past two years.



❖ Roles

Respondents were asked if they agreed that advocacy, coordination and network development were the three most appropriate roles for ACHSC. Ninety percent indicated that they agreed with these roles.



Respondents were also asked if they had further comments with respect to roles for ACHSC. Many respondents took the opportunity to offer feedback and recommendations as to the advocacy, coordination and networking roles that were identified in the survey.

❖ **Advocacy role**

It is challenging for ACHSC to take on this role because of the politics involved i.e., ACHSC needs to be given official recognition by AB H & W for this to happen.

Keeping CSH "on the table" in the various ministries - health, education, children's services.

Advocacy, engaging educators and

coordination more important than developing a network as a number of networks that could do this already exist.

RE: advocacy...we need deeper connections with provincial decision-makers who may be able to influence school jurisdictions to change poor or inappropriate practices (i.e. mixed messages).

❖ **Coordination role**

I think that coordination is critical. This also means bringing stakeholders together to address issues (something that ACHSC has done exceptionally well).

It would be great if one organization (perhaps ACHSC) could take the lead in pulling together a comprehensive approach that includes all partners working together.

I agree with one respondent in the [NCA] survey report who stated that we need you to pull it all together.

... balance between online and direct support - helping all the other 'projects' focus their efforts... too many other provincially-funded mandates dilute the efforts of ACHSC. Be aware of AHLN, AB Cancer Board and others to coordinate not replicate.

A knowledge transfer role - which ACHSC has done so very well.

I assume this would mean identification of best practices for comprehensive school health backed by provincial support.

❖ **Network development role**

I think it would be helpful for ACHSC to better link with other networks that are working with school-aged children. For example Southern AB Children & Youth Health Network.

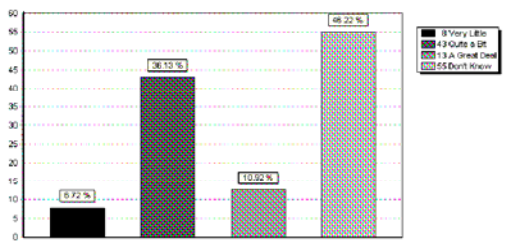
I think a key role could be to build more effective communication among schools, health regions and other community groups -- this could be done via web but it is sometimes difficult to find information on the various initiatives.

More School based involvement, such as more teacher and administrators need to know and participate in the conferences.

It would be beneficial for ACHSC to have consistent updates with others on ACHSC progress. It would also be valuable to have key agencies in each city etc to inform/support the schools.

❖ Leadership

Project Evaluation Survey respondents were asked "To what extent do you think ACHSC's leadership role has been strengthened over the past year?" Almost half of the respondents stated ACHSC's leadership had been strengthened over the past year and 46% did not know.



When asked to elaborate on this question, 47 respondents (27%) took the opportunity to discuss ACHSC's leadership role and most were positive.

ACHSC has been extremely valuable in promoting CSH in Alberta. They are a necessary Coalition.

ACHSC seems to be having a voice in the applicable ministries. Changing Ministers and staff will always make this difficult. But I feel ACHSC is looked to as the authority on CSH in Alberta"

I say this because it has been my sense as a practitioner in schools in Alberta and the Yukon that there needs to be a specific group, a defined body of skilled people, that can take on the lead for such diverse and inter-sectoral issues that overlap the traditional system boundaries of health, education, schools, and families. With this in mind, I think that ACHSC provides the fora and mechanisms to help cross those entrenched fault lines.

However, one respondent was not favorable regarding ACHSC's leadership role.

ACHSC has demonstrated good advocacy. I strongly disagree with ACHSC becoming the primary network for CSH as it does not acknowledge existing group and work being done.

❖ Strengthening leadership through partnering

Following this, several respondents articulated that ACHSC needs to do a better job at partnering.

I would still like to hear how ACHSC will partner within existing networks with a broader mandate in which education and school health CSH is one important component of child health.

I draw your attention to the AMHB school-based initiatives that are providing the evidence that such initiatives are a good investment in child health. Check out the NEW "All for One" newsletter on the AMHB website that describes these projects.

As a community health charity, we would like to partner with the school system in order to share our health promotional resources with children and youth. I have been unsure of how to make these partnerships in a sustainable way and was hoping that ACHSC might be able to help.

❖ **Strengthening leadership through knowledge exchange**

Several respondents indicated there was evidence of strengthened leadership through the conference and the resources ACHSC provides.

ACHSC is providing greater access to research and best practice in CSH. It is providing an advocacy role and creating greater awareness of CSH. Thus, helping to create momentum and vision.

Staff are utilizing the resources developed through ACHSC and appreciated the opportunity for increasing knowledge and skills as well as networking with others at the conference and committee level.

The conference attendance has increased, thus more people are familiar with ACHSC and thus its leadership role has been strengthened.

❖ **Strengthening leadership through communication**

Recommendations were made by several respondents that ACHSC should strengthen communication with its network members.

This is not meant as a criticism of ACHSC because it relies heavily on very little in the way of resources, but since the conference I have heard nothing from the ACHSC so have seen no evidence of leadership.

Not enough info out to the schools themselves to promote ACHSC. If I were to go into any school in Alberta I bet only a handful would have any idea of ACHSC. Most would not have ever heard of it as it is not present in any noticeable form within the schools. i.e. posters, letter directly to teachers not just school admin.

I think that ACHSC does a great deal to support CSH in Alberta. However, I have not seen a great difference between the roles that ACHSC has played this year vs. last year. Perhaps more frequent communication is needed between ACHSC and stakeholders throughout Alberta. Even a monthly e-mail update would be of value so that we could be up to date on the work of the coalition.

❖ **Strengthening leadership through political involvement**

Finally, with respect to ACHSC's leadership role there was a theme around the complex political environment in which ACHSC works.

Unfortunately, ACHSC is competing with provincial health agencies for this leadership role & I don't think they want to let go. As I said before, someone in government needs to designate ACHSC in this role (officially) or it will never happen.

Little political support and funding for the coalition as evidenced by ABHW giving dollars to the U of A School of Public Health instead of the coalition.

Not integrated at a provincial level - but have taken the advocacy role as far as they have been able, given their limited sphere of influence.

❖ Spin offs

Project Evaluation Survey respondents were asked if they were aware of the spin offs or other work that resulted from the project. The following indicates the percentage of respondents who were aware of the various initiatives. Thirty percent of respondents indicated that they were aware of the proposal for the establishment of an Alberta Healthy School Community Fund.

- 30% A proposal was submitted July 2006 to then Health Minister Iris Evans titled "A Plan for an Alberta Healthy School Community Fund" and an announcement was made September 2006 for the establishment of a \$1 million per year fund (see Appendix 7).
- 21% Article titled "Creating a Shared Vision for Healthy School Communities in Alberta" published in The APHA Promoter, Spring 2006 (see Appendix 8).
- 16% A grant from the School Health and Wellness Management Team, Alberta Education and Health & Wellness (March 2006- April 2007) to complete an environmental scan of school authority and health authority school health promotion policies and programs in partnership with Markin Institute, University of Calgary (See Appendix 9 for survey instrument).⁴
- 10% A proposal submitted October 2006 for an amendment to the Public Health Agency of Canada's (PHAC) Population Health Fund project to address the need for knowledge exchange strategies regarding curriculum support and for increased participation on the part of educators in comprehensive school health planning (see Appendix 10).
- 10% An article titled "Some answers to pressing questions about school nutrition" was published in the CASS Connection, The official magazine for the College of Alberta School Superintendents, Fall 2006 (See Appendix 11).
- 8% An article titled "Decisions, decisions: A bag of chips or pretzels? Fries with or without gravy? A muffin or an apple? Brown bag lunch or buy?" was published in the Alberta Centre for Active Living, Research Update, Vol 13. No.2, June 2006 (see Appendix 12).
- 5% Article submitted to the Canadian Teachers Federation's new school health magazine (Health and Learning) titled "Results of an online

⁴ The grant deliverables also included ACHSC to facilitate a session on the Healthy Alberta School Community initiative at the Healthy Kids Alberta forum held on March 7, 2007 in Edmonton, however, at the time of the Project Evaluation Survey no details were confirmed and therefore were not included.

survey: Building the ACHSC network through knowledge exchange" and will be published Spring, 2007 (See Appendix 13).

COMPREHENSIVE SCHOOL HEALTH: DEVELOPING NETWORKS AND SHARING KNOWLEDGE CONFERENCE

Two themes emerged from the conference evaluation report (see Appendix 3 for report):

1. Conference descriptors were very positive. For example:

Excellent, wonderful, inspiring, great, awesome, fantastic, fabulous, very well organized, very good, Good food and hospitality, Good sessions, great format.

2. Conference delegates saw the need for more educators to attend the ACHSC conference and engage in deliberations about CSH. Of the 185 delegates to the conference 13% were from the education sector, 71% were from the health sector, and 16% were from other sectors.

Perhaps more teachers would be able to attend if this was a one day (sub costs) and cheaper registrations.

Use financial support to sponsor teachers.

We need more teachers here.

Fifty six percent of the Project Evaluation Survey respondents attended the conference. A question on the survey asked for recommendations regarding increasing the participation of educators in future conferences. There were over 80 responses to this question (47%). The recommendations were clear and many echoed the conference evaluations: secure financial resources to pay for release time and coordinate the timing to coincide with other events such as Teachers Conventions.

Project Evaluation Survey respondents were also asked for their first priority for specific information on planning, implementing and evaluating CSH to aid in future conference planning. The overwhelming theme that emerged was that network members want "examples highlighting where this has been done well, with emphasis on the process."

We already have a lot of the theory - having speakers come to discuss 'how' they are planning, implementing and evaluating health promoting schools would be helpful. Information on how to support schools at the district or system level would be valuable.

Actual examples of what has worked in schools are of value. Especially those that were able to sustain programs/projects etc for more than a couple of years.

Evidence based resources/implementation programs for whole school mental health promotion/prevention strategies (thin on the ground!) (Please NB - whole population stuff, NOT information about mental health conditions, or strategies for supporting 'at risk' groups.)

Hear from successful projects about how they got established and what kept their project going, as well as the outcomes, and plans for continuing.

Search for best and promising practices; search for evaluations which have been completed of CSH program.

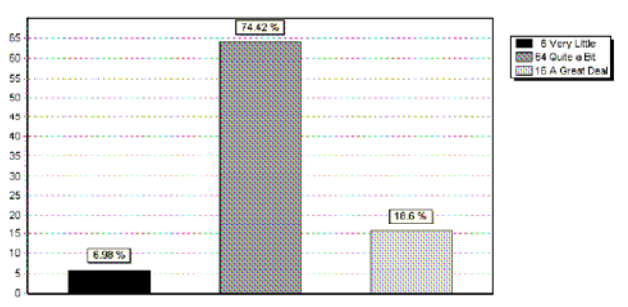
A tool kit for those wishing to embark on this journey. I think just some specific strategies. How does a person start implementing and initiative for comprehensive school health and what are the planning steps?

Development of a tool kit that assists schools to get started. This would include school assessment survey, package of lessons, ideas for improving the school environment, suggestions for finding local health and social service providers and ideas for engaging students and parents.

WEBSITE

The achsc.org website averaged **1062** visits per month in the project time period of January 2006 - March 2007 (see Appendix 4 for website visits). This is a significant increase over usage last reported where the average number of visits was **394** per month⁵.

The Project Evaluation Survey findings revealed that 72% of respondents had visited the ACHSC website. A question was asked as to the extent to which visitors were satisfied that the website offers good links to information and resources about CSH. The graph below indicates that overall respondents are satisfied with the website as 93% indicated that they were satisfied "quite a bit" or "a great deal".



⁵ See Promoting Healthy School Communities for the 21st Century (Aug 2005 – Apr 2005) Evaluation Report. Appendix 7 at www.achsc.org

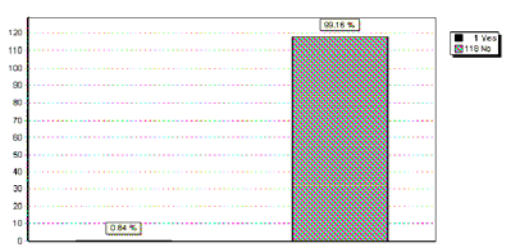
HEALTH DISPARITIES

A background paper was commissioned by a Task Group to strengthen understanding of health and educational disparities among children and youth. The paper was disseminated via an emailed newsletter and was put on the ACHSC website (see Appendix 5 for the paper). Further to this the Task Group hosted a workshop that was based upon the background paper and the City Centre Education Project (Edmonton) at the conference.

Conference workshop evaluations were somewhat disappointing. Of the 23 participants, 14 agreed or strongly agreed (61%) that the session met their expectations for gaining knowledge skills and resources for CSH. Unfortunately, there is no further data as to what delegate expectations were.

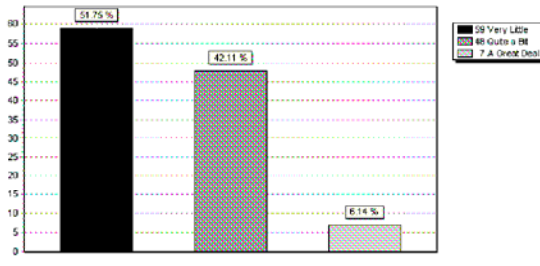
The Project Evaluation Survey posed several questions with respect to this initiative. First, respondents were asked if they had read the background paper: 47% said “yes”.

Respondents were also asked if key themes articulated in the paper provided new information. One theme was that socio-economically disadvantaged youth are more at risk due to higher prevalence of mental health concerns, delinquency, obesity, injury and smoking—and there are clear, negative and cumulative impacts of poverty on educational attainment and grades. All respondents but one indicated that this was not new information as per the graph below.



Respondents were then asked if they had used the paper for policy and/or programs development to address health and education inequities and 16% said “yes”. Of those who had used the paper, most had referenced the paper in various proposals, presentations and program planning documents.

Finally, respondents were asked to what extent they were able to articulate promising practices to address the poor health and educational outcomes among socio-economically disadvantaged children and youth. Almost half of the respondents indicated that they were quite able to articulate promising practice as per the graph below.



❖ Promising practices

Of those respondents who indicated they were able to articulate promising practices many indicated school feeding programs as an example to address health and education disparities.

I have had access to special funds to purchase healthy food and teach kids about choosing and preparing healthy food at low cost.

Lunch programs that are offered in the schools to provide a well balanced meal once a day to children who may otherwise not be provided adequate meals, following the Canada Food Guide recommendations.

I work with a school that offers breakfast and lunch to any student coming to school hungry.

Food security initiatives- food co-ops, community gardens, breakfast and snack programs, jr. chef's cooking classes.

The Breakfast For Learning Program- I know it has been around for a long time, but its effects are solid ones, I believe.

Another theme area for promising practice was the building social supports, especially through support groups and mentoring programs.

Literature supports creating supportive school environments, promoting caring cultures and social connection rather than school programs that are issues-focused such as anti-bullying, tobacco reduction, etc.

Research shows that a good school experience can mitigate a poor family experience . . . For improved mental health, children need help to understand the issues they are experiencing at home. Schools can offer Talking Circles (general and issue specific) and support groups which are time-limited and curriculum based ... Teachers can also be supported in strategically building empowerment in children. For example, older children mentoring younger children or facilitating reading programs for others, etc. ... Inner-city school mentorship programs in school teacher support for student mentoring programs including social skills development, drug and alcohol and violence prevention programs and one on one mentoring for learning difficulties without labeling.

In-school mentors (Big Brothers and Sisters)

The final theme area regarding promising practices to address health and education disparities had to do with the coordination of services.

Integrate social and health services in appropriate school setting.

Multidisciplinary teams working within the school to support students and families.

Coordinated and school-based provision of a range of services e.g., food, family therapist, nurse, social worker, etc.

There is an interdisciplinary committee (Neighbourhood Empowerment Team) attached to a couple of my schools that is attempting to address the violence in some high-density

neighbourhoods. Safer neighbourhoods mean healthier ones. Monthly interagency meetings help professionals to exchange useful information.

I am part of team coordinating services to families and children through an inner city schools project.

City Centre School Project in Edmonton. Multidisciplinary approach to addressing social and health inequities among socioeconomically disadvantaged students/families.

HEALTHY PUBLIC POLICY

A background paper on school nutrition policy was planned by a Task Group that was co-chaired by the Dietitians of Canada (DC) and ACHSC. The purpose of paper was to lay a foundation for decision/policy-makers and school communities to develop and implement healthy school nutrition policies. The paper was disseminated via an emailed newsletter and was put on the ACHSC and the DC websites (see Appendix 6 for the paper). Two articles were published from the paper (see Appendix 11 and 12).

Further to this the Task Group hosted a workshop at the conference. Conference evaluations were very positive where 91% (32/35) delegates agreed or strongly agreed that the session met their expectations for gaining knowledge, skills and resources for CSH.

The Project Evaluation Survey posed several questions about the school nutrition initiative. First, 44% of respondents said that they had read the paper and of those 51% stated that they had used the paper to guide school nutrition initiatives.

Of those who stated they used the paper, a question was posed as to how they had used it. Most of these respondents indicated that they had shared the paper with colleagues to exchange knowledge and guide practice, and used it as a reference for program planning.

I have obtained statistics from this report and shared them with the administration from one of our school boards.

In overall regional planning and provision of stats for my own use in backgrounders.

For setting goals and targets for developing initiatives and to guide development of presentations.

I have shared the document with principals and parent councils who utilized it to prepare their Healthy Eating/Active Living yearly plans.

Foundational document to guide practice of Nutrition/Active Living specialists in the region and school health nurses.

Some respondents stated specific examples of using the paper for programs and advocacy:

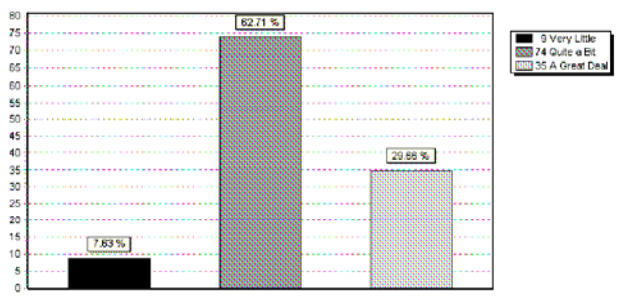
Based on information that children do not eat enough vegetables and fruit we have initiated a "Veggie Wednesday and "Fabulous Fruit Friday" as our main committee project this year. We did a survey prior to starting and will do one in June to see if we made an impact. We have also done displays, announcements, students earn house points for bringing and eating their snacks, we have a graph so they can see the weekly progress. More nutrition games etc. in the lunchroom during March. Students are doing well so hope it will be sustainable."

In advocacy work with government and school boards.

Finally, respondents were asked to comment on the extent to which the keys to SUCCESS as articulated in the paper were helpful for taking action on school nutrition. The keys are as follows:

- S** = School food and nutrition guidelines are developed to provide context and direction.
- U** = Use foods served in school to reinforce nutrition guidelines and curriculum.
- C** = Curriculum involves experiential nutrition education that is fun, culturally relevant and developmentally appropriate.
- C** = Community programs, resources and services are engaged in healthy eating initiatives in schools.
- E** = Encourage parent and family involvement in healthy eating at home and at school.
- S** = Student and youth are engaged as leaders and decision makers regarding healthy eating at school.
- S** = School staff support and participate in healthy eating initiatives in school.

As per the graph below most respondents indicated that the keys to SUCCESS are helpful for taking action on school nutrition.



RECOMMENDATIONS

Based upon the evaluation findings contained in this report and to further the project goal of building the ACHSC network as a recognized leader for CSH in Alberta, the following recommendations are put forward for consideration.

1. Build a sustainable infrastructure for advocacy, coordination and network development for CSH.

- ACHSC should advocate for greater support from the health system and the education system for CSH. A shared vision coupled with strong leadership is called for in articulating roles and responsibilities for CSH in Alberta.
- ACHSC network members state that the most appropriate roles for ACHSC are advocacy, coordination, and networking for CSH. Determining who will provide financial resources to create a sustainable infrastructure (i.e. staff, office) to support this work is the biggest challenge facing ACHSC.
- ACHSC should be at the forefront of advocating for adequate financial resources for CSH targeting school and health authorities and the ministries of education and health. ACHSC's role in proposing the Alberta Healthy School Community Wellness Fund is a good start.

2. Intensify partnership development with key stakeholders and consolidate collaborative plans for CSH.

- It is recommended that ACHSC convene a stakeholder meeting to strengthen partnerships with existing networks and initiatives and set direction for the future. It is recommended that this be coordinated with the development of the Healthy Kids Alberta: Healthy Alberta School Communities initiative.

The five core functions in the Draft Strategic Plan (2006)⁶ may well be a good starting point for discussion:

- Develop and maintain a provincial database to describe school health promotion initiatives in Alberta schools and monitor and report on the degree to which CSH approaches are implemented.
- Identify best practice to support development processes, policies, practices, strategies, and delivery systems and maintain a clearinghouse for CSH. Coordinate educational opportunities and implement mechanisms for communicating and disseminating effective and ineffective practice.
- Create and/or support existing intersectoral and interdisciplinary regional networks to advocate for the adoption of CSH approaches in every school in Alberta, to share knowledge as to best practice, to develop and implement strategies for action, and lead in partnership development and community linkages.

⁶ See <http://www.achsc.org/download/Draft%20Strategic%20Plan%20Jan%202006.pdf>

- Provide school communities with resources (e.g., knowledge, skill) to develop and implement healthy school community policies and to strengthen understanding of health disparities among children and youth, families, and communities.
- Establish an Alberta Healthy School Community Fund to provide funding for additional human resources to facilitate CSH approaches in local school communities and to provide additional financial resources for the implementation of best practices.
- Partnerships need to be established with stakeholders and existing networks to explore the three strategies that consistently emerge as priority for ACHSC network members:
 - An inventory of existing provincial and regional school health promotion initiatives.
 - Curriculum support for CSH.
 - A database of what Alberta schools are doing to create and sustain healthy school communities.

3. Strengthen knowledge exchange about promising practices in CSH.

- More interactive learning opportunities should be on the top of the list for ACHSC strategic directions. ACHSC appears to be successful in hosting well regarded conferences. However, in order to ensure health and education stakeholder participation, financial resources will need to be sought for educator release time from schools and strong partnership developed with organizations such as the Regional Learning Consortia to attract educator's attention and support.
- Consider hosting a 2 day conference every other year and coordinating ½ - 1 day seminars in various locations around the province alternating years. Focus efforts on the process of CSH, promising practices to address priority issues, and evaluation methods to support discussion about outcomes.
- Market learning opportunities directly to school authorities (including trustees) and local schools. Partner with ATA and Regional Consortia and target key teachers to attend future conferences. Have more sessions that are lead by educators and linked to educational outcomes, and provide concrete strategies for CSH that educators can take away.
- Establish evidence-based practices, methods and tools to address health and education disparities with a strategic connection to the CSH approach.

4. Focus efforts on effective and efficient communication strategies.

- Increase the frequency of electronic newsletters and distribute ACHSC communication pieces (see Appendix 14 for pamphlet) at appropriate venues.
- Communicate directly with principals and school administrators as to the impact of CSH and the potential links to school improvement.

- The ACHSC website appears to be an increasingly well-utilized resource for network members and therefore it is recommended that resources be found to continue to maintain it with up-to-date links and publications.
- Explore opportunities to make the website interactive. For example:

Welcome to sahps.net

Membership is free!

The SA Health Promoting Settings Network is a communication forum for people who are interested in health promotion. It is for everyone who wants to make the settings in which they live, work and play more health promoting. Members are from education, child care, health and community settings. Join now and begin your networking experience.

As a Member you can:

ask others for information about a particular issue, or for resources that might assist you

tell members and visitors about what you are doing or about your upcoming workshops or events

share your documents or resources such as newsletters, fliers, journal articles, reports, powerpoint presentations, websites or curriculum documents that you think might be helpful

download and print documents or resources that have been posted by members.

Visitors can view the 'Events Calendar', 'Recent Messages' and some key health promotion 'Websites'.