



Alberta Coalition for Healthy School Communities

ENVIRONMENTAL SCAN

ALBERTA SCHOOL & HEALTH AUTHORITIES SCHOOL HEALTH PROMOTION POLICIES, PROGRAMS & PARTNERSHIPS

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EXECUTIVE SUMMARY

Profile

- ❖ Forty-five (45) School Authority contact people completed the survey on behalf of their Authority therefore there was 62% response rate. More School Authorities agreed to participate than completed the survey.
- ❖ All 12 Regional and Provincial Health Authorities completed the online survey representing a 100% response rate.
- ❖ These figures represent a total response rate of 68% of all School and Health Authorities in Alberta.
- ❖ Twenty-nine percent of School Authorities (n=13) and 25% of Health Authorities (n= 3) reported that they had formal agreements for school health promotion.

Healthy Eating

- ❖ Sixty-seven percent (n=30) of School Authorities and 58% of Health Authorities (n=7) do not have Authority-wide healthy eating policies or guidelines.
- ❖ A main theme from the descriptions of policies or guidelines was that they may exist but they vary in their implementation.
- ❖ *Creating and disseminating resource materials to support healthy eating* is a key program of both School and Health Authorities.

- ❖ School Authorities identified School Councils and Health Authorities listed School Authorities as partners in healthy eating programs to a greater extent than any other partners.

Active Living

- ❖ Seventy-five percent of Health Authorities (n=9) and 61% of School Authorities (n=27) reported that they did not have Authority-wide active living policies or guidelines.
- ❖ Two main descriptors offered by School and Health Authorities for active living policies or guidelines were:
 - *Follow Alberta Education's Daily Physical Activity policy*
 - *Support safety policy related to physical activity.*
- ❖ *Enhance curriculum and teaching methods to support active living* was a key program descriptor of both School and Health Authorities.
- ❖ The top three partners for active living among School Authorities are Recreational Centres, School Councils and Ever Active Schools and the top four partners for Health Authorities (beyond School Authorities) are Ever Active Schools, Be Fit for Life, Parks and Recreation Departments and Community Agencies.

Mental Well-being

- ❖ Seventy-five percent (n=9) of Health Authorities and 53% (n=24) of School Authorities reported that they do not have Authority-wide policies or guidelines with respect to mental well-being.
- ❖ Two descriptors that garnered the most “in all schools’ or “in some schools” responses by School and Health Authorities were:
 - *Provide guidance and direction for addressing risk factors such as conflict, bullying, isolation, alienation, and exclusion among students,*
 - *Provide guidance and direction for addressing conditions such as family conflict and stress.*
- ❖ Key program areas for both School and Health Authorities are:
 - *Support professional development for bullying and violence prevention,*
 - *Enhance the teaching and learning environment for teachers and students.*
- ❖ School and Health Authorities identified Children’s Service Authorities and Community Agencies most frequently as partners for mental well-being.

Final Comments

- ❖ Four themes emerged from open-ended questions: There were 1) kudos for the environmental scan, 2) limitations to the survey, 3) gaps in information, and 4) more resources and promising practices to share.

Conclusions

- ❖ The response rate for the online survey can be considered good and from this it can be surmised that there is interest in school health promotion. Given the investment of people’s time, it would not be off the mark to propose that the survey be repeated to track changes over time.
- ❖ The existing formal agreements for school health promotion should be shared and evaluated to determine how they build capacity for taking action on healthy eating, active living and mental well-being with comprehensive school health approaches.
- ❖ The percentage and number of Authority-wide polices or guidelines for school health promotion are low. If policies or guidelines are important then this is an area for further development.
- ❖ Few Authority-wide school health promotion programs were described in terms of a comprehensive school health approach and this is also an area for consideration for further development.
- ❖ More work needs to be done to get school health promotion policies, programs and partnerships in all schools.
- ❖ The environmental scan has facilitated the compilation of a list of key people and partners for school health promotion in Alberta and it would make sense to consult with these people to discuss and prioritize areas for further development.

1. INTRODUCTION

The Alberta Coalition for Healthy School Communities (ACHSC) received a grant from Alberta Education and Alberta Health and Wellness through the School Health and Wellness team to conduct an environmental scan of Alberta School Authorities and Health Authorities school health promotion policies, programs and partnerships.

The goal of the scan is to identify existing Alberta School Authority and Health Authority capacity to address healthy eating, active living and mental well-being among school-aged children and youth. The term *capacity* has numerous meanings, however, for purposes of this scan it refers to organizational policies, programs and partnerships within the health and education Authorities.

The scan does not focus on health services or treatment of disease but on health promotion¹. In keeping with the intent of the scan, school health promotion *policies or guidelines* are defined as guiding principles or plans of action agreed to by a group of people with the power to carry it out and enforce it. *Programs* are defined as planned and implemented action to address goals.

¹ The Ottawa Charter for Health Promotion states that health promotion is “the process of enabling people to increase control over, and to improve their health.” The Charter identifies five action strategies that include: strengthen community action; develop personal skills; reorient health services; create supportive environments; and build healthy public policy (<http://www.who.dk/policy/ottawa.htm>).

The focus of the scan is on policies or guidelines and programs at a systems or Authority-level that promotes health for all students, that is, population health approaches².

The specific objectives of the environmental scan are to:

- ❖ Identify and describe existing policies and programs that support school health promotion in order to enhance knowledge exchange.
- ❖ Identify current partnerships among organizations and agencies who are involved in the planning or delivery of school health promotion policies and programs.
- ❖ Identify key people who are at the Authority-level of school health promotion policy and program implementation in order to strengthen network development.

² Population health approaches focus on action directed at the health of an entire population, or sub-population, rather than individuals. A population health approach takes action based on analysis and understandings of the entire range of the determinants of health and recognizes the complex interplay between the determinants of health. It uses a variety of strategies and settings to act on the health determinants in partnership with sectors outside the tradition health system or sectors (<http://www.phac-aspc.gc.ca/ph-sp/phdd/approach/index.html>).

2. BACKGROUND

ACHSC is a non-profit society comprised of an Executive Committee of health and education professionals and over 350 network members. The mission of ACHSC is to promote and foster healthy school communities to enhance the health and educational attainment of Alberta children and youth.

ACHSC advocates for comprehensive school health (CSH) as an approach to create and sustain healthy school communities because it is considered best practice around the world.³ CSH is characterized as a whole school approach where health promotion is addressed through integration, coordination, and enhancements to:

- ❖ curriculum and teaching methods
- ❖ social and physical environments
- ❖ home, school, and community partnerships and services.

ACHSC conducted an online survey of network members to access the knowledge, skill and resource needs and capacities for CSH. ACHSC (2006) identified that a key priority for

³ See for example Public Health Agency of Canada http://www.phac.aspc.gc.ca/dca-dea/7-18yrs-ans/comphealth_e.html; Canadian Association for School Health <http://www.safeschools.org/>; Australian Health Promoting Schools Association www.ashaweb.org; US Centers for Disease Control and Prevention <http://www.cdc.gov/HealthyYouth/index.htm>; International Union for Health Promotion and Education http://www.iuhpe.org/upload/File/PE_SH_05.pdf; and the World Health Organization <http://www.euro.who.int/ENHPS>.

knowledge exchange was an inventory of existing provincial and regional organizations' school health promotion initiatives. A database of what Alberta schools are doing to create and sustain healthy school communities was also deemed of high priority. Further to this study, network members indicated the following as top priority topics to be addressed through CSH: nutrition, bullying/violence prevention, mental well-being, and physical activity. These findings link well with what Stewart-Brown (2006) found to be areas where CSH approaches are most effective.

Reviews of programmes that promoted mental health in schools (including preventing violence and aggression) show these programmes to be among the most effective ones in promoting health. Of these programmes, the ones that were most effective were of long duration and high intensity, and involved the whole school. New reviews that focused on promoting healthy eating and physical activity confirmed an earlier review, which found that multifactorial interventions, particularly those involving changes to the school environment, were effective (p4).

Alberta Education and Alberta Health and Wellness partnered with ACHSC to complete an environmental scan of existing school health promotion policies, programs and partnerships to identify areas for future development. It was agreed that the scan would be designed to collect data at the Authority-level of the health and education systems as a first step. The scan was seen as a possible precursor to creating a database of policies and programs in individual schools. It was also readily agreed that the focus of the scan would be on healthy eating, active living and mental well-being policies and programs. ACHSC will use the results of the scan to identify areas for further advocacy, knowledge exchange and network development for CSH.

3. METHODS

- ❖ A survey instrument was designed in partnership by ACHSC and the School Health and Wellness Management Team (see Appendix for survey instrument).
 - ❖ Alberta Education provided access to the *Inquisite* software for conducting online surveys and hosted the survey on its server.
 - ❖ All Health Authorities and School Authorities in Alberta were invited to participate in the environmental scan.
 - ❖ Letters were sent to 72 School Authority Superintendents and to 12 Chief Executive Officers of Regional and Provincial Health Authorities inviting their participation and asking for contact information for a person who would be responsible for completing the survey on behalf of their Authority.
 - ❖ School Authorities included all public, separate and charter school systems.
 - ❖ Health Authorities included regional and provincial health authorities (i.e. nine regional and three provincial)⁴.
- ❖ A database was compiled of all contact people in each Authority. Invitations to complete the survey including the survey link were sent via email to each contact person.
 - ❖ The survey was conducted between March 12 and 26, 2007.
 - ❖ Survey data was imported into *Excel* from *Inquisite* and frequency distributions were calculated.

⁴ See <http://www.health.gov.ab.ca/> for listings of health authorities

4. RESULTS

4.1 Response rates

A list of all School and Health Authorities was provided by Alberta Education and Alberta Health and Wellness. There was a total possible sample of 84 Authorities: 72 School Authorities and 12 Health Authorities.

Sixty-three (63) School Authorities or 87.5% indicated that they wished to participate in the environmental scan. All 12 Health Authorities or 100% participated. These figures show that 89% of the total number of School and Health Authorities agreed to participate.

Seventy-five (75) email messages were sent to key contact people in participating School and Health Authorities inviting them to complete an online survey for the environmental scan.

Table 1 indicates the following response rates:

- ❖ Forty-five (45) School Authority contact people completed the survey on behalf of their Authority therefore there was 62% response rate. As noted, more School Authorities agreed to participate than completed the survey.
- ❖ All Health Authorities completed the online survey representing a 100% response rate.
- ❖ These figures represent a total response rate of 68% of all School and Health Authorities in Alberta.

Table 1. Response rates

	Survey response rate
School Authority	62% (45/72)
Health Authority	100% (12/12)
Total	68% (57/84)

4.2 Formal agreements for school health promotion

Survey respondents were asked if there were any formal agreements for school health promotion between School Authorities and Health Authorities in their regions (see Figure 1 & 2).

- ❖ Forty-two percent of School Authorities (n=19) and 58% of Health Authorities (n= 7) reported that they do not have formal agreements for school health promotion.
- ❖ Twenty-nine percent of School Authority respondents (n=13) and 25% of Health Authorities (n= 3) reported that they had formal agreements.
- ❖ One Health Authority (8%) and thirteen School Authorities (29%) did not know if there were any formal agreements.
- ❖ One Health Authority (8%) indicated that formal agreements for school health promotion were not applicable because they were a provincial not regional Authority.

Figure 1. Extent to which School Authorities have formal agreements for school health promotion with Health Authorities

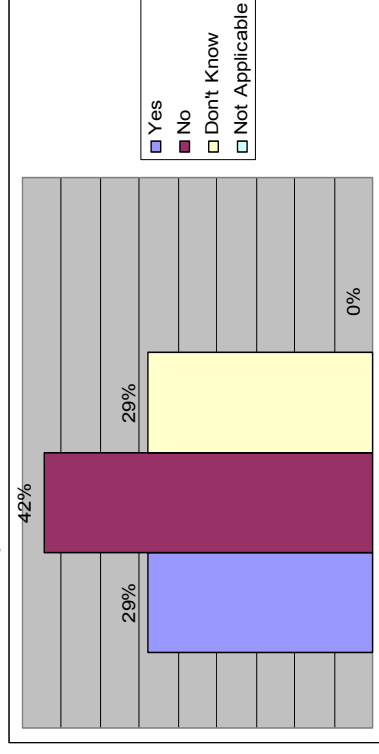
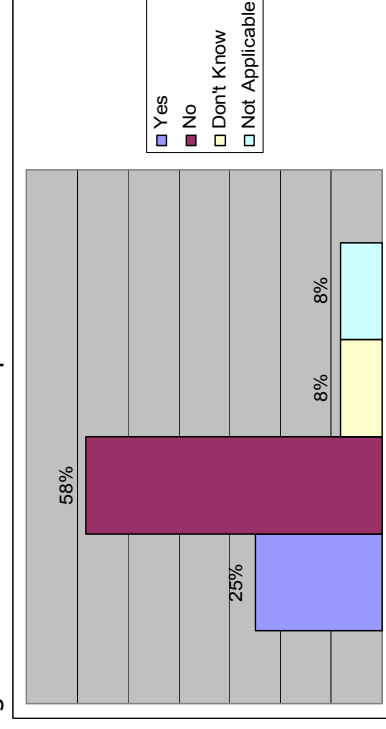


Figure 2. Extent to which Health Authorities have formal agreements for school health promotion with School Authorities



4.3 Healthy Eating

4.3.1 Authority-wide policies or guidelines regarding healthy eating

Survey respondents were asked if there were Authority-wide policies or guidelines⁵ regarding healthy eating (Figures 3 & 4). Sixty-seven percent (n=30) of School Authorities and 58% of Health Authorities (n=7) do not have such policies or guidelines.

Figure 3. Extent to which School Authorities have Authority-wide policies or guidelines regarding healthy eating in schools

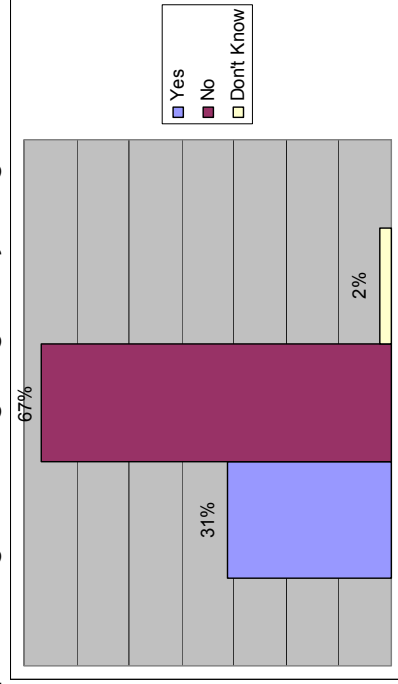
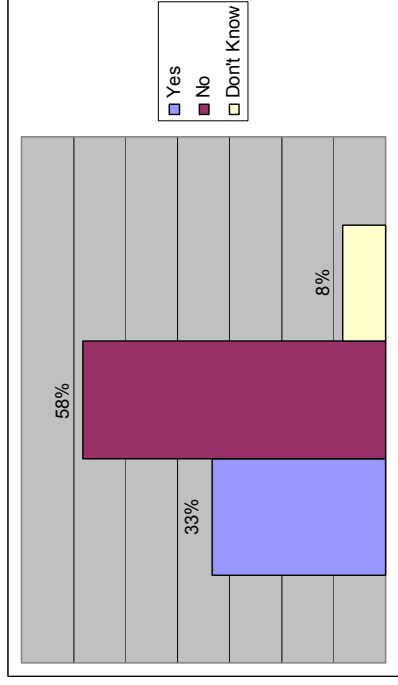


Figure 4. Extent to which Health Authorities have Authority-wide policies or guidelines regarding healthy eating in schools



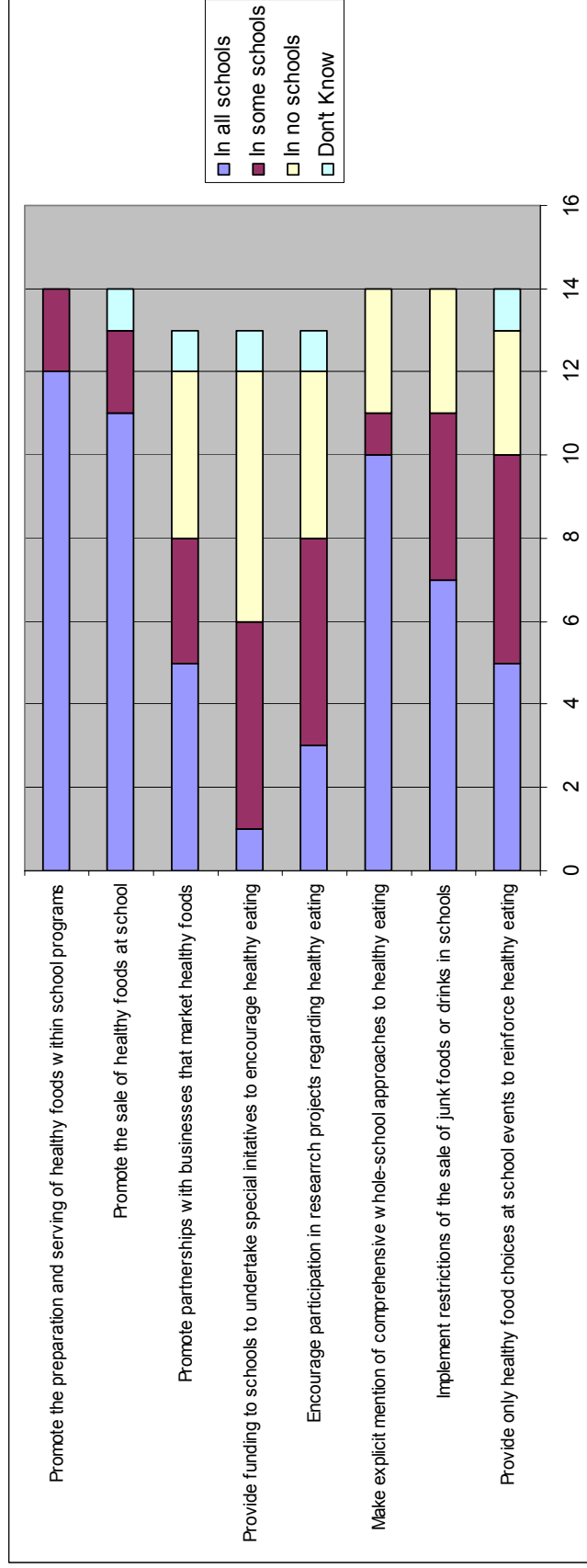
⁵ See Introduction for definition used for *policy or guidelines*

4.3.2 Description of Authority-wide healthy eating policy or guidelines

Thirty-one percent of School Authority respondents (n=14) indicated that they had Authority-wide health eating policies or guidelines (Figure 3). These respondents were then asked to indicate from a list of options which best describes their Authority’s healthy eating policies or guidelines. They were asked to use the following scale with respect to each statement: “in all schools”, “in some schools”, “in no schools, or “don’t know”.

From Figure 5 it is evident that more School Authority respondents indicated that their Authority-wide policies or guidelines could be best described as “in all schools” the policies or guidelines “promote the preparation and serving of healthy foods within school programs”, “promote the sale of healthy foods at school”, and “make explicit mention of comprehensive whole school approaches to healthy eating” than other statements.

Figure 5. How School Authorities best describe their Authority-wide health eating policies or guidelines



Thirty-three percent of **Health Authority** respondents (n=4) reported that they had Authority-wide policies or guidelines (Figure 4). Of those, one respondent did not answer the question regarding the description of policies or guidelines. The other 3 respondents described their policies or guidelines as “in some schools” for all statements in Figure 5 except for three. They indicated that the following three statements could be described as “in no schools”:

- ❖ Promote partnerships with businesses that market healthy foods.

- ❖ Provide funding to schools to undertake special initiatives to encourage healthy eating.
- ❖ Encourage participation in research projects regarding healthy eating.

All respondents were offered the opportunity to give “Other” descriptions of healthy eating policies or guidelines (Table 2). The main theme was that policies or guidelines may exist but they vary in their implementation.

Table 2. “Other” descriptions of healthy eating policies or guidelines

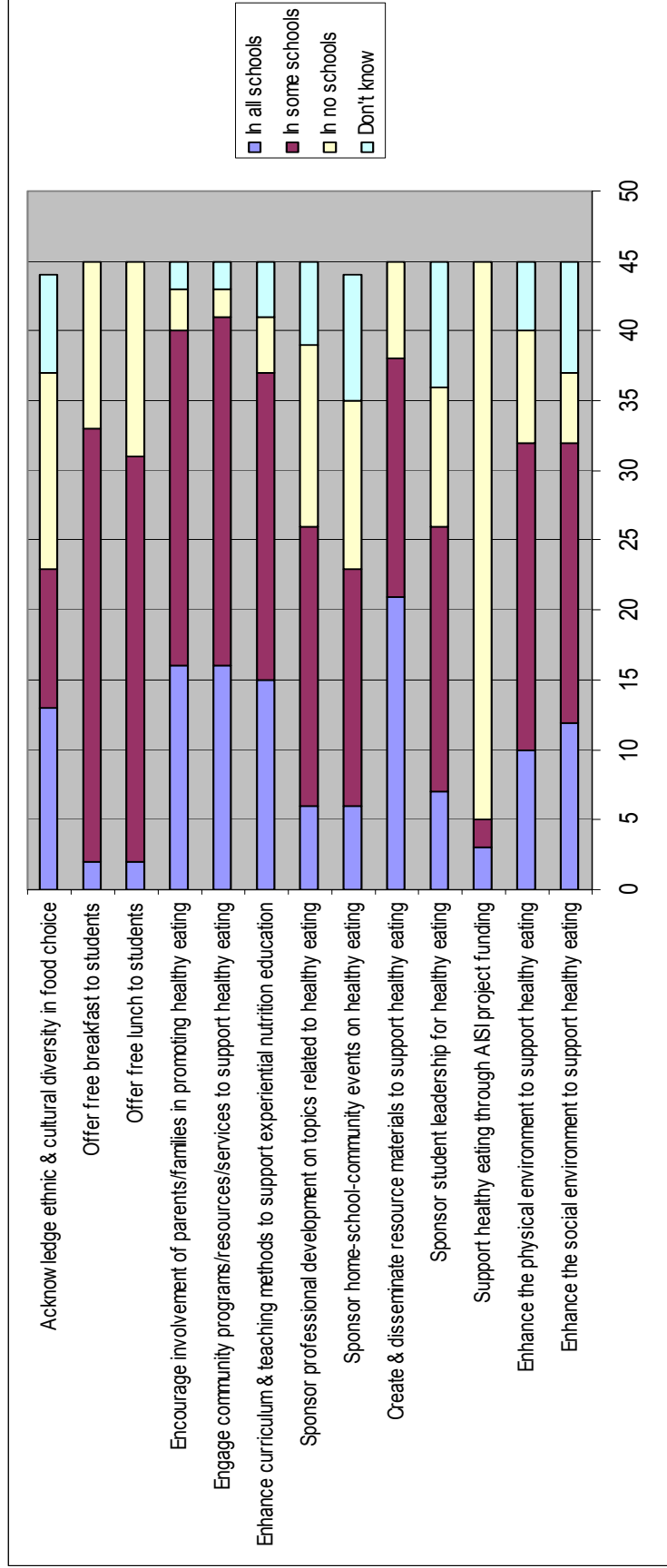
Theme	Comments
Policy or guidelines exist but vary in implementation	<p><i>Our policy is vague- just says “schools will provide an adequate selection of high quality products” and it varies widely between schools what is actually being done.</i></p> <p><i>Only healthy food choices provided during school sponsored field trips; school dances and some spirit events may vary in the degree of healthy choices provided.</i></p> <p><i>The mandate to implement these guidelines is in place; a consultation process is in place to commence activity at the school level.</i></p> <p><i>[Health Authority] has a healthy catering policy.</i></p> <p><i>In the past three years, [School Authority] has undertaken District wide promotion of Health Choices. This initiative has been shared with school admin., staff, and School Councils as well as parents & students.</i></p> <p><i>We have a collaborative for Health Promoting Schools which focuses on all these areas and have a pilot with [School Authority] re Nutrition Policy; other school boards ... are taking action but are at our table.</i></p>

4.3.3 Authority-wide support and implementation of healthy eating programs in schools

All survey respondents were asked to indicate the extent to which their School or Health Authority supported or implemented health eating programs (i.e. implemented action) in schools. Again, respondents were asked to use a scale with respect to specific statements as follows: “in all schools”, “in some schools”, “in no schools”, or “don’t know”.

Figure 6 represents School Authority responses and it is noticeable that the band indicating “in some schools” is most prominent except for “Sponsor healthy eating through AISI (Alberta Initiative for School Improvement) project funding” where “in no schools” was most often indicated. The statement that garnered the most “in all schools” was “Create and disseminate resource materials to support healthy eating.”

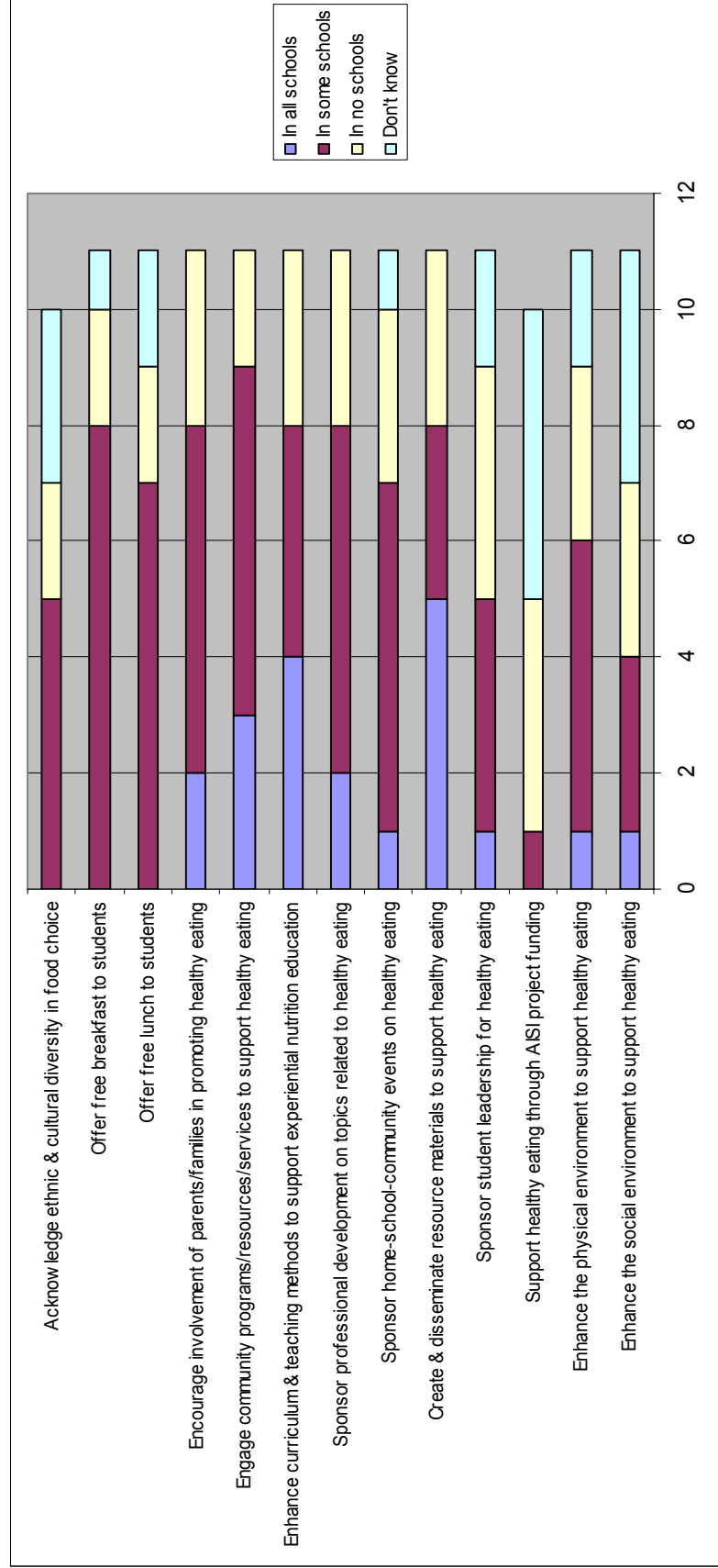
Figure 6. Extent to which School Authorities support and implement health eating programs in schools



The graph below (Figure 7) indicates the extent to which Health Authorities support or implement health eating programs in schools. One Health Authority did not answer this question. What is noticeable here is that fewer programs were indicated “in all schools”. As per the School Authorities, the largest number of responses for “in all schools” was “Create and

disseminate resource materials to support healthy eating”. This is closely followed by “Enhance curriculum and teaching methods to support experiential nutrition education”. The programs that received the largest number of responses with “in some schools” was “ Offer free breakfast to students” and “Offer free lunch to students”.

Figure 7. Extent to which Health Authorities support and implement health eating programs in schools



Respondents were offered the opportunity to give further comments with respect to their Authority’s healthy eating policies or guidelines (Table 3). Two themes emerged that echo what the two graphs above (Figures 6 and 7) indicated:

- 1) Healthy eating programs exist in some schools but not all.
- 2) Health Authorities offer services to promote healthy eating in schools.

Table 3. Comments regarding health eating programs

Theme	Comments
Healthy eating programs exist “in some schools”.	<p><i>Some of our schools have programs for some of the above, but not at the board level.</i></p> <p><i>Rather than” some school”s which could range from 2% to 98% of schools, two columns with “few schools” or “many schools” would give a more accurate picture. Also, all of our answers would fit in the most schools category. Many of these areas are supported in principle at the District level but action remains at the school level.</i></p>
Health Authorities offer services to promote health eating in schools.	<p><i>As a health Authority we do not offer funding or food services. We cannot mandate school participation, however services are offered to all schools.</i></p> <p><i>The [Health Authority] has worked with Comprehensive School Health Model providing additional Nursing Time for Health Promotion for Schools for 1years. Often this help is related to Healthy Eating.</i></p>

4.3.5 Key partners in implementing health eating programs

The following two graphs (Figure 8 and 9) depict the extent to which respondents identified various key partners in implementing healthy eating programs. Two School Authorities and 3 Health Authorities did not answer this question.

Health Authorities identified School Authorities most often as partners in implementing healthy eating programs (31%). The second most frequently selected partner was Community Agencies.

School Authorities identified School Councils as partners to a greater extent than any other partner listed (30%). Health Authorities were second (25%).

School Authorities selected Businesses as partners to a greater extent than Health Authorities.

Figure 8. School Authorities key partners in implementing healthy eating programs and initiatives

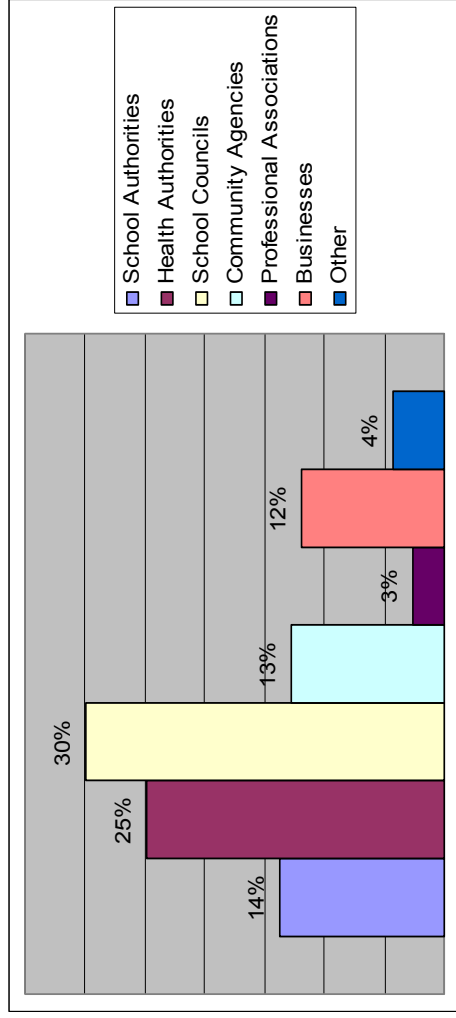
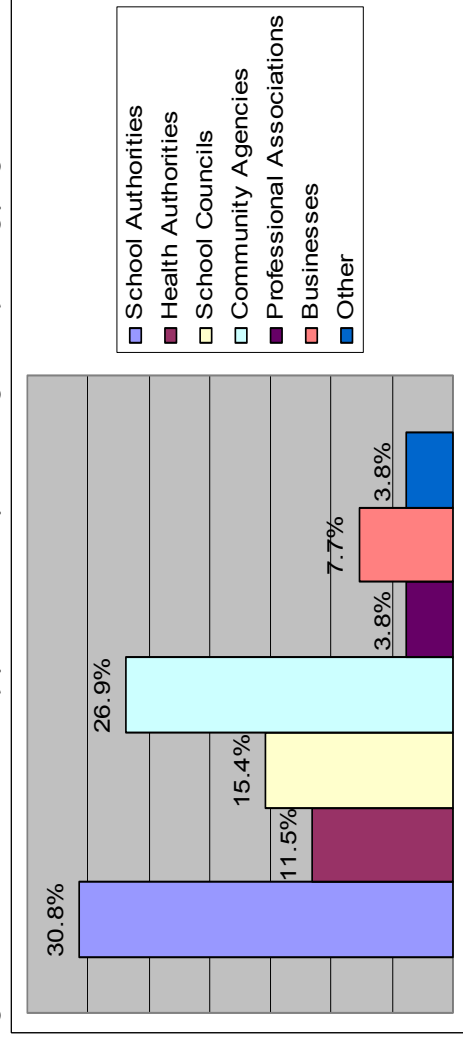


Figure 9. Health Authorities key partners in implementing healthy eating programs or initiatives



Respondents were given the opportunity to name Community Agencies, Professional Associations, Businesses and Other partners. Table 4 provides a listing of those responses. It should be noted that Family and Community Support Services (FCSS) was mentioned several times as a key Community Agency partner. All other listings provided were single comments.

Table 4. List of partners for healthy eating programs

Community Agencies	<i>Family and Community Support Services, Boys and Girls Club, Be Fit for Life Program, Brown Bagging It, FUEL for Schools, partners through Weight Wise program, Lions Clubs, Neighbor Link, Seniors Groups, Parent Link Centres, Alberta Milk Producers, Edmonton Food Bank, Building Better Communities.</i>
Professional Associations	<i>Health and Physical Education Council (HPEC), Alberta Teachers Association (ATA).</i>
Businesses	<i>Vermilion businesses; ; Byblos Baker, Red Deer Bottling & MACs Distributing, Sobeyes /Intuit Yummy Lunches, Canadian Produce Marketers, Byblos Bakery, Sobeyes, Walmart, Talisman, Sobeyes, Tim Horton, Best Western Wayside Inn, Grocery stores, Chartwells, FANS (Food and Nutrition in schools).</i>
Other	<i>Parents, students, Family school Wellness, Coalition on Poverty, Food Security Committee.</i>

4.3.6 Healthy eating policy and/or program documents

The last question posed in this section of the survey asked for recommended healthy eating policy and/or program documents that could be shared with school communities. Table 5 is a compilation of all responses.

Table 5. Healthy eating policy and/or program resources

Authority	Resources
Peace Health Region	<p>One school district has implemented a healthy eating policy which I am sure could be shared. This is Medicine Hat School District #76. The Prairie Rose School Division has implemented a school improvement plans instead of a policy, which allows each school to choose whether they wish to address nutrition o active living, or another health initiative. Therefore, some schools have adopted healthy eating initiatives, but not all, and they don't use the term policy. The Catholic School Division does not have a policy either, but several schools have undertaken school nutrition work in spite of this.</p>
Calgary Health Region	<p>We have numerous resources related to Nutrition in schools e.g. School Nutrition Handbook, Healthy Choices our Way Vending Criteria; Also numerous documents and supports for use with school children which Public health nurses uses in schools.</p>
Palliser Health Region	<p>School Nutrition Manual, Lead Teacher Network Model, Moving and Choosing Web-site</p>
Holy Family Catholic Reg Div No 37	<p>HFCRD #37 Nutrition Policy; Project LINK for Health Division Wide Calendar</p>
High Prairie School Div No. 48	<p>Alberta Dairy Association</p>
Rocky View School Div No. 41	<p>Rocky View School Division/Calgary Health Region Healthy Eating Initiative: Planning /logic model for system wide implementation, evaluation instruments (pre and post tool), individual school assessment tool, communication examples to schools and for school rep advisory council consultations. Evaluation tools and outcomes(process and project related when complete in 2010)</p>
Edmonton Catholic Separate School Div No. 7	<p>Nutrition Policy - Administrative Policy 134</p>
Calgary School Dis No. 19	<p>Nutrition in Schools; Vending Machines ; School Cafeteria</p>
St. Paul Education Reg Div No. 1	<p>Healthy Life Styles Division Committee</p>
Canadian Rockies Reg Div No. 12	<p>CRPS is in its third and last year of Healthy Schools Initiatives within two of our schools-Elizabeth Rummel and Exshaw. There have been different focuses within each school. At ERS they looked at Food in School - Healthy Choices which has resulted in a change of school culture towards food in the school. This is related to concerns regarding food allergies</p>
Lethbridge School Div No. 57	<p>We have Policy 504.11 Healthy Nutritional Choices.</p>

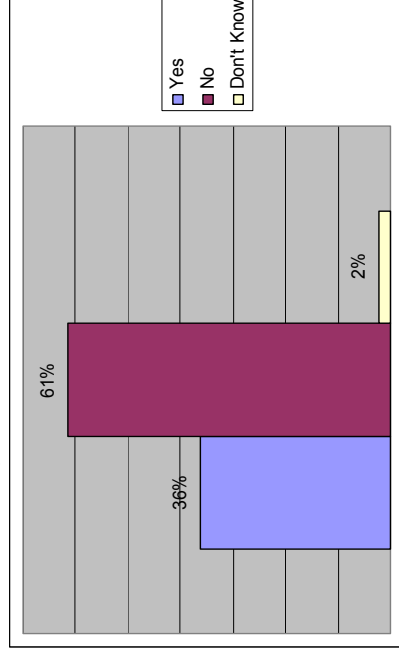
4.4 Active Living

4.4.1 Authority-wide policies regarding active living

As with the healthy eating section of the survey, respondents were asked to indicate the extent to which there are Authority-wide policies or guidelines with respect to active living.

- ❖ Nine Health Authority respondents (75%) reported that they did not have Authority-wide policies or guidelines; two stated that they had and one indicated that they did not know.
- ❖ Figure 10 indicates that 61% of School Authorities (n=27) do not have policies or guidelines; 36% stated that they do (n=16) and 2% (n=1) did not know.

Figure 10. Extent to which School Authorities have Authority-wide policies or guidelines in place regarding active living

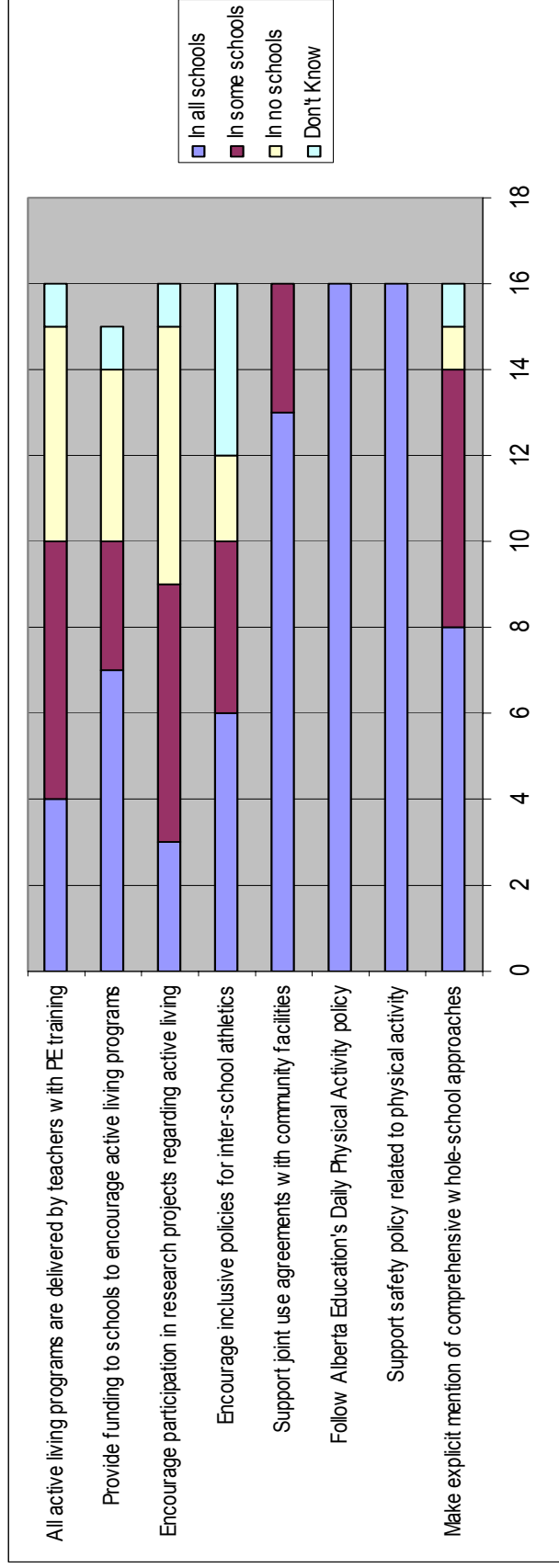


4.4.2 Description of Authority-wide active living policy or guidelines

Respondents who indicated they had Authority-wide active living policies or guidelines were asked to indicate how they would best describe those policies.

From Figure 11, all School Authority respondents reported that they “Follow Alberta Education’s Daily Physical Activity policy” and “Support safety policy related to physical activity” in all schools. All the other statements had a somewhat similar distribution of “in some schools” responses.

Figure 11. How School Authorities describe their Authority-wide active living guidelines or guidelines



With respect to the Health Authority respondents for this question, the first three statements in Figure 11 were either “in no schools” or “don’t know”. The following five statements in Figure 11 were indicated as “in some schools” or “in all schools.”

All respondents were offered the opportunity to provide further comments regarding Authority-wide active living policies or guidelines. Three respondents provided comments and they were:

- ❖ *All students receive physical education or DPA each day.*
- ❖ *District support for Alberta Education programs of studies related to active living & DPA. Much of this is decided at the local school level with philosophical District support. Some is formalized. Details available on request.*
- ❖ *We have just hired Healthy Weights Coordinators, two part-time people have a physical activity education background, the other 1 FTE is a Registered Dietitian. We anticipate more support for Physical Activity policies and programs will evolve soon.*

4.4.3 Extent of Authority-wide support and implementation of active living programs

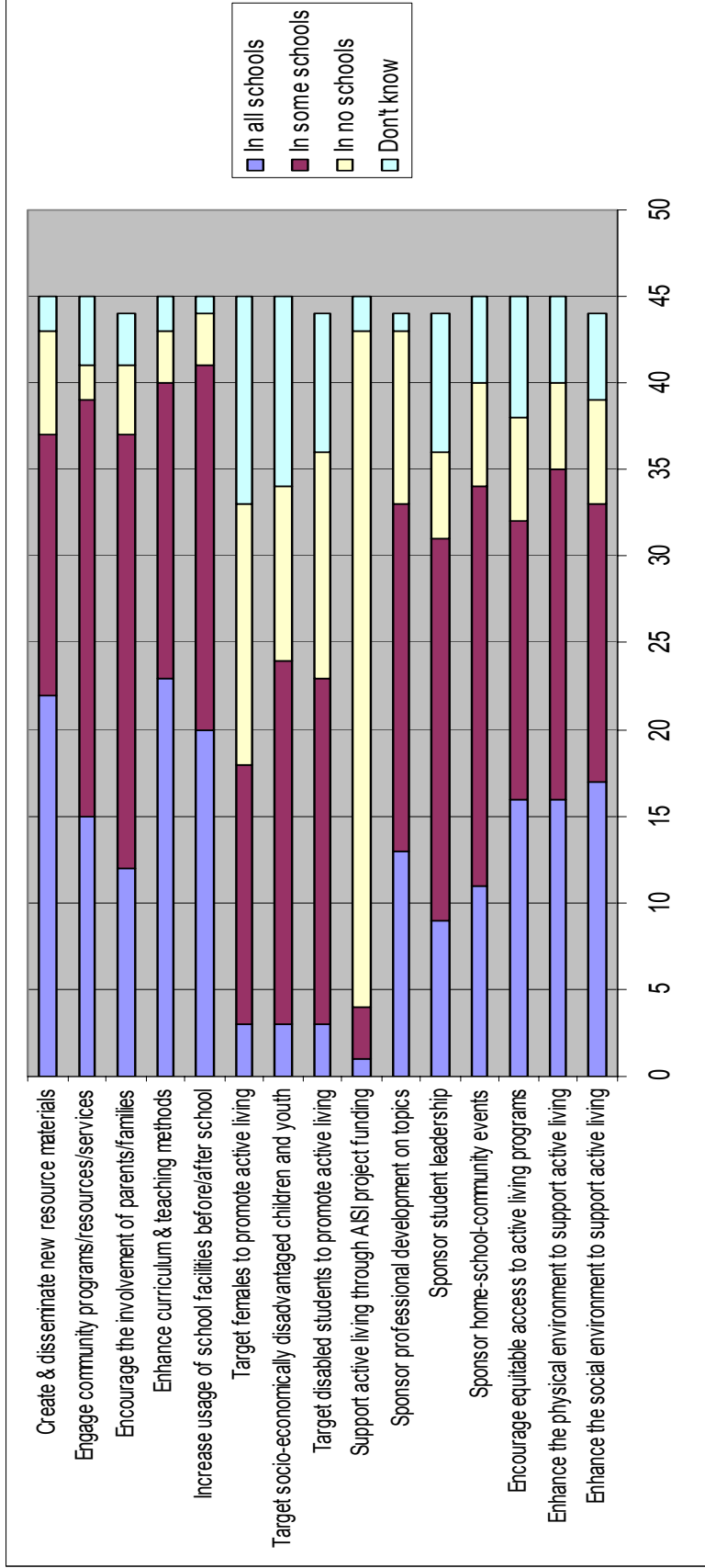
Two statements about Authority-wide support and implementation of active living programs received the most “in all schools” answers by School Authority respondents: “Enhance curriculum and teaching methods to support active living” and “Create and disseminate new resource materials to support active living” (Figure 12).

The statement that received the most “in all schools” and “in some schools” was “Increase usage of school facilities before and after school”. Very few respondents indicated the following:

- ❖ “Target females to promote active living”,
- ❖ “Target socio-economically disadvantaged children and youth to promote active living”, or
- ❖ “Target disabled students to promote active living “with “in all schools” response.

Most respondents indicated that the statement “Support active living through AIS project funding” matched with a “in no schools” response.

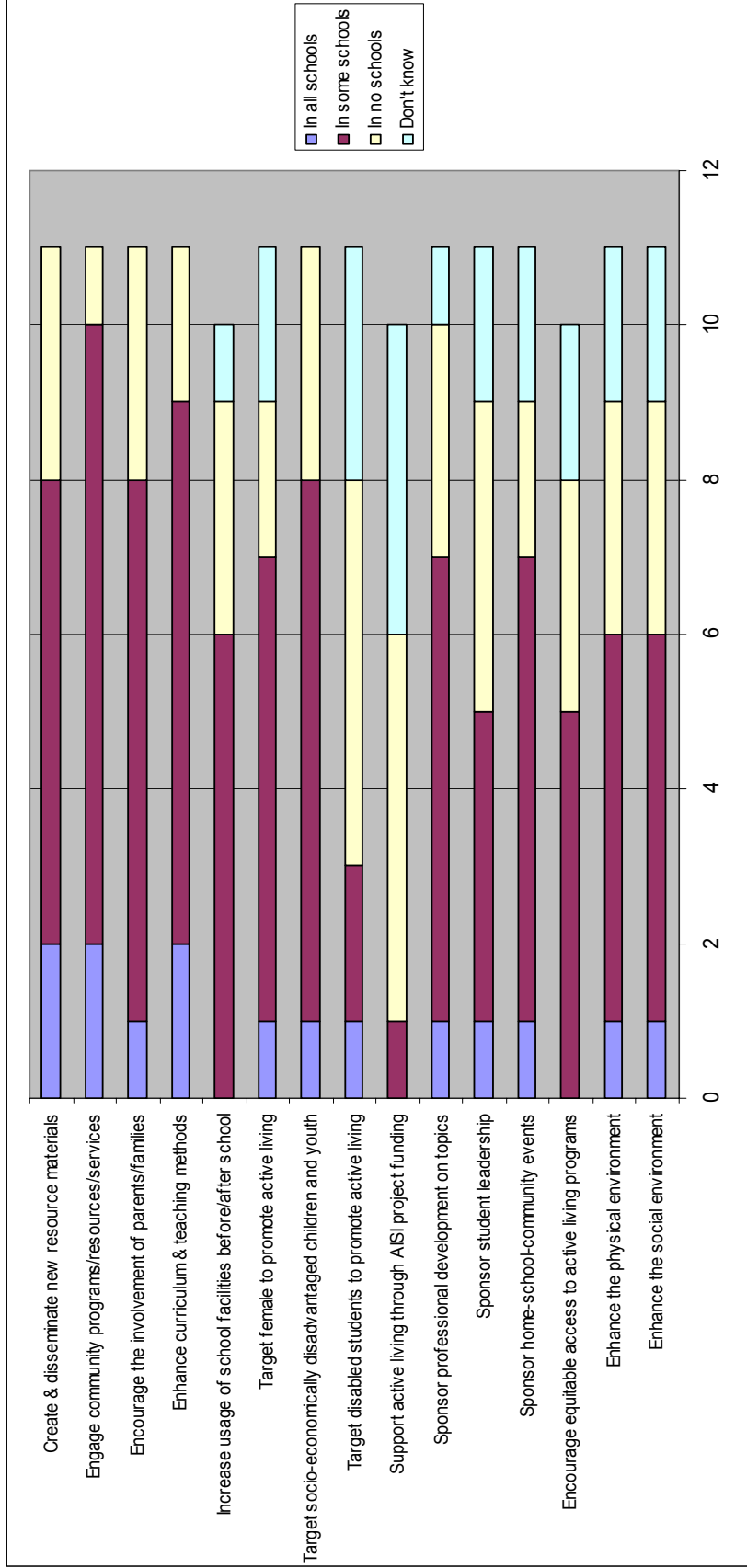
Figure 12. Extent to which School Authority support and implementation of active living programs in schools



With respect to **Health Authority** support and implementation of active living programs, very few responded to any statements with “in all schools” (Figure 13). The statements that accumulated the most “in all schools” and “in some schools” were:

- ❖ Engage community programs, resources and services to support active living,
- ❖ Enhance curriculum and teaching methods to support active living,
- ❖ Target socio-economically disadvantaged children and youth to promote active living

Figure 13. Extent to which Health Authority support and implementation of active living programs



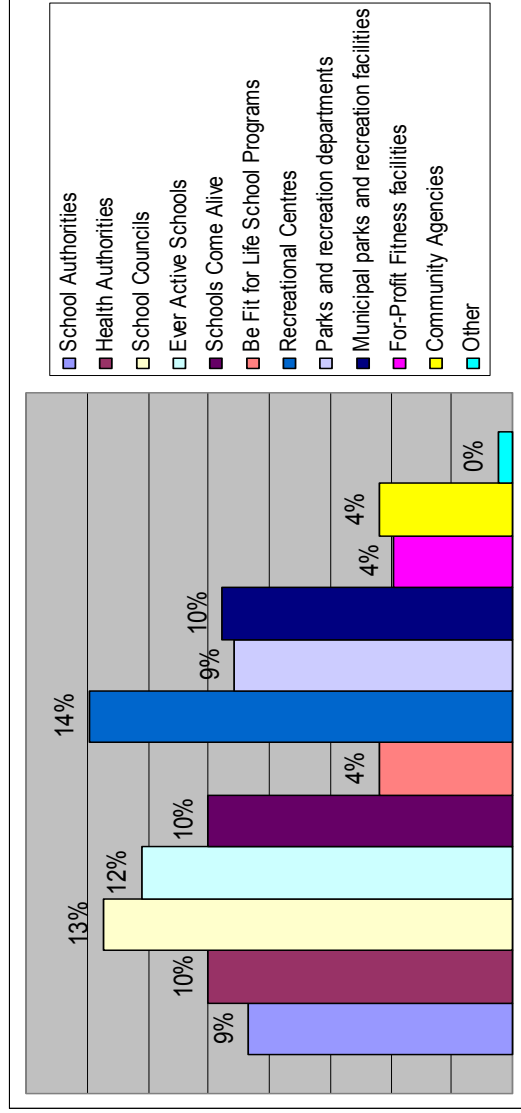
Respondents were invited to offer “Other” comments with respect to their Authority’s support for active living programs. The key theme reinforced the data in Figures 12 and 13 in that active living programs are implemented “in some schools” and not all. Examples of comments as are follows:

- ❖ *Some individual schools have some programs listed above, but not on a board-wide basis*
- ❖ *District supports philosophically & in context of Ab. Ed. Programs of Studies. Schools based decisions are prevalent. District & school promotes community resources & programs available in local areas.*
- ❖ *Currently nurses provide support to schools re info to promote active living & they may be involved in some school activities.*

4.4.4 Key partners in implementing active living programs

The top three partners for School Authorities are Recreational Centres, School Councils and Ever Active Schools⁶ (Figure 14).

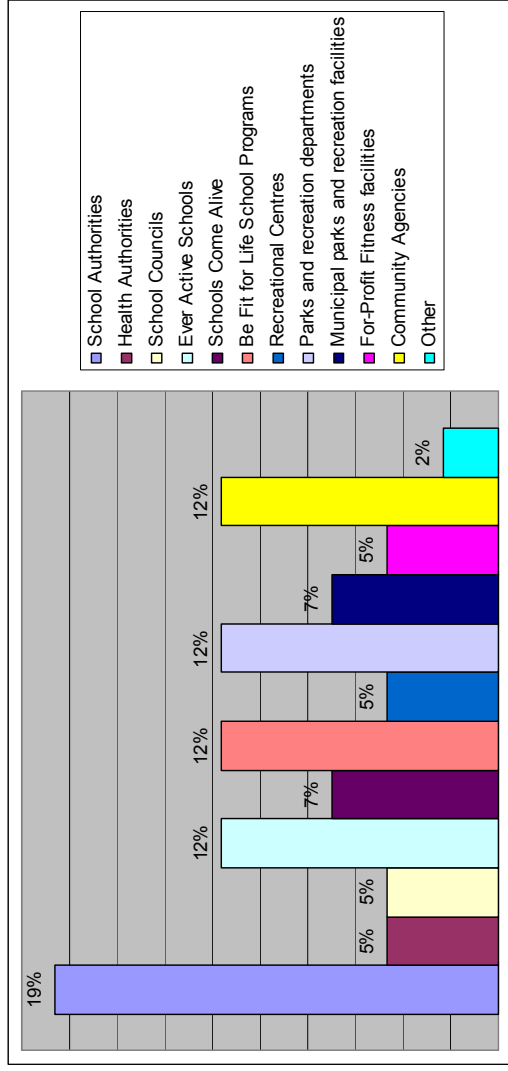
Figure 14. School Authorities key partners in implementing active living programs or initiatives



The top four partners for Health Authorities beyond School Authorities are Ever Active Schools, Be Fit for Life, Parks and Recreation departments and Community Agencies (Figure 15).

⁶ See <http://www.everactive.org/>

Figure 15. Health Authorities key partners in implementing active living programs or initiatives



Respondents were asked to name the Communities Agencies and other organizations that they partner with for active living programs. Table 6 lists the identified partners and as in partners for healthy eating, Family and Community Support Services was listed several times in the data but only once in the table.

Table 6. List of partners for active living programs

Community Agencies	<i>Family and Community Support Services, F LS; Building Better Communities Friendship Centre / YMCA, Native Friendship Centres, Youth Activity Centers, Home Visitation programs, Kevin Sirois Fitness Centre, City of Calgary Bridge Foundation, Local Community Associations, City of Calgary, Cancer Society, Heart & Stroke, Canadian Diabetes Association</i>
Other	<i>Business and Community Organizations sponsored teams, free skating and building of the running track, football field and playgrounds etc.</i>

4.4.5 Active living policy and/or program documents

Five respondents took the opportunity to provide the names of resources that they would be willing to share with other Authorities with respect to active living policy and/or program documents. See Table 7 as follows.

Table 7. List of active living resources

Authority	Resource
Edmonton School District No. 7	<i>Timetabling and Scheduling Examples; Locally Developed Courses</i>
Calgary School District No. 19	<i>Numerous policies- contact respondent</i>
St. Paul Education Reg Div No. 1	<i>Healthy Life Styles Committee</i>
Canadian Rockies Div No. 12	<i>Government mandated Daily Physical Education programming</i>
Calgary Health Region	<i>The GO 2 Program in Calgary has developed criteria for schools to become a Go 2 school. Pilot currently in 12 schools</i>

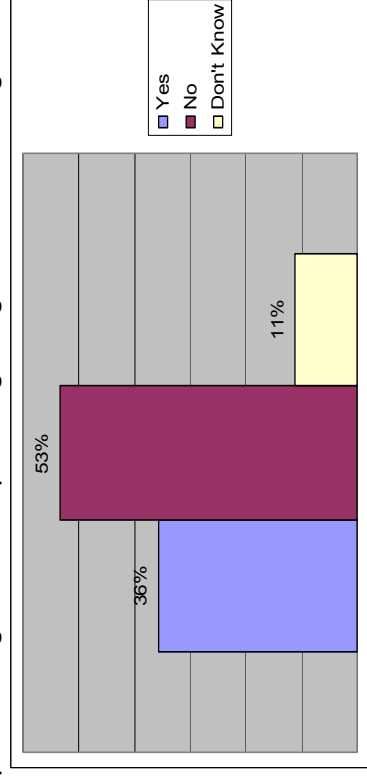
4.5 MENTAL WELL- BEING

4.5.1 Authority-wide policies or guidelines regarding mental well-being

Analogous to the healthy eating and active living sections of the survey, respondents were asked to indicate if they had Authority-wide policies or guidelines regarding mental well-being.

- ❖ Seventy-five percent (n=9) of Health Authorities stated that they did not have policies or guidelines. One Health Authority stated that they did and two reported that they did not know.
- ❖ Fifty-three percent (n=24) of School Authorities reported that they did not have Authority-wide policies or guidelines with respect to mental well-being (Figure 16).

Figure 16. Extent to which School Authorities have Authority-wide policies or guidelines in place regarding mental well-being



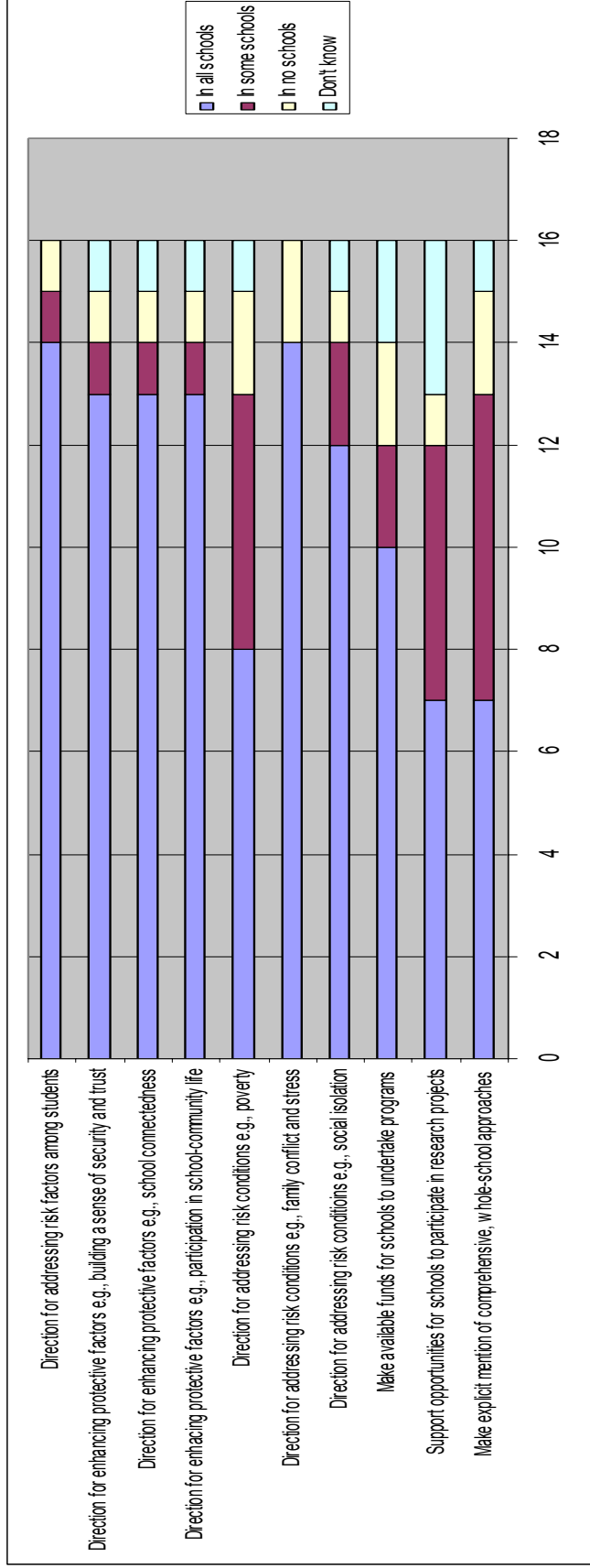
4.5.2 Description of policy or guidelines related to mental well-being

Unlike the other questions in the survey about healthy eating and active living policies and programs, many more **School Authority** respondents that had mental well-being policies or guidelines described them in terms of “in all schools” (Figure 17). The two statements that recorded the highest numbers of “in all schools” responses were: “Provide guidance and direction for addressing risk factors such as conflict, bullying, isolation, alienation, and exclusion among students” and “Provide guidance and direction for addressing conditions such as family conflict and stress.”

The two statements that received the least number of “in all schools” responses were: “Support for opportunities to participate in research projects” and “Make explicit mention of comprehensive, whole-schools approaches to emotional, social and mental well-being”.

The one **Health Authority** that indicated they had Authority-wide policies and programs described all the statements indicated in Figure 17 as “in some schools.”

Figure 17. How School Authorities describe their Authority-wide mental well-being policy or guidelines.



A few respondents took the opportunity to provide additional comments regarding Authority-wide mental well-being policies or guidelines:

Some individual schools have some of the above programs, but not board-wide. All schools have access to one Family School Liaison Counselor who is a trained social worker to work on crisis cases. We have a good collaborative relationship with Mental Health workers but need far more support in this area.

The District's Catholic Community of Caring as well as involvement with Student Health Partnership & explicit supports related to mental health as well as the current Mental Health Capacity Building for high school ESL students are all related to this.

Our East Calgary Health Services Initiative and collaboration in Calgary Learning Village provides additional resources in schools to address these issues.

Our Health Promoting Schools Collaboration is building these areas in our strategic plan.

4.5.3 Extent of Authority-wide support or implementation of mental well-being programs

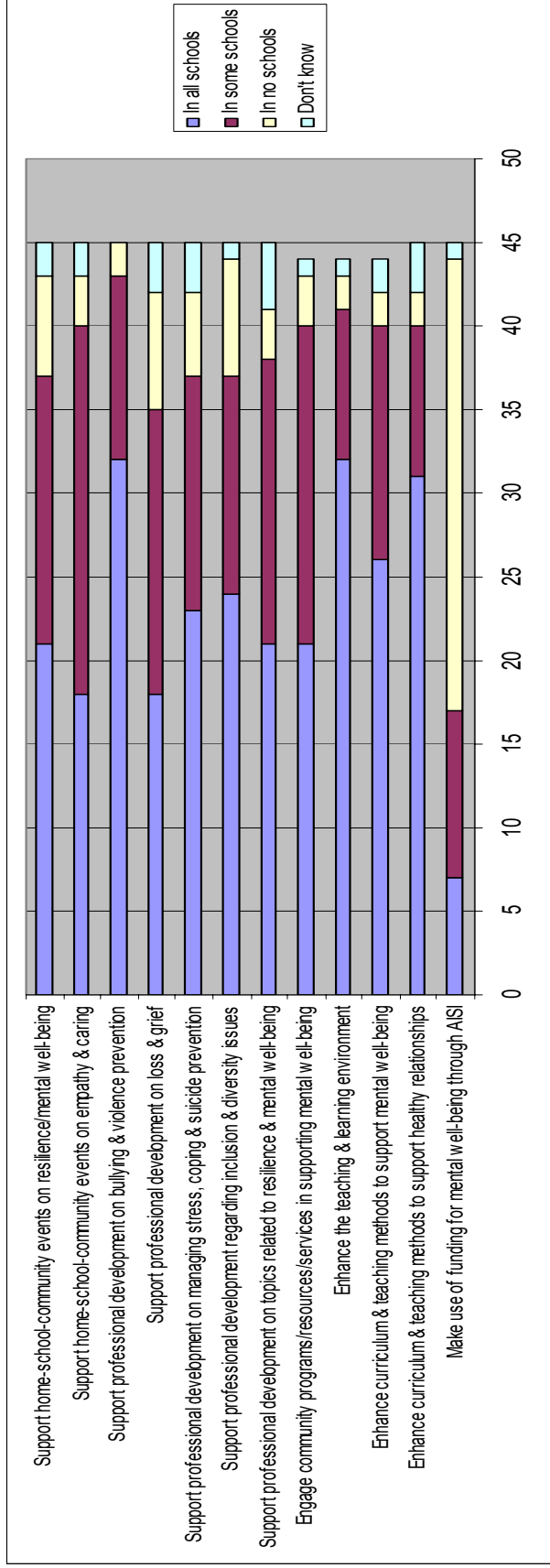
The question and related statements about the extent to which there is School Authority support for mental well-being programs garnered far more “in all schools” than the questions and statements about healthy eating and active living programs (Figure 18). The three statements that received the most “in all schools” responses from School Authorities were:

- ❖ Enhance the teaching and learning environment for teachers and students; and
- ❖ Enhance curriculum and teaching methods to support the development of healthy relationships.

All other statements generally received a similar number of “in all schools’ and “in some schools” responses except for one. The statement with respect to using AISI funding to support mental well-being garnered the highest number of “in no schools.”

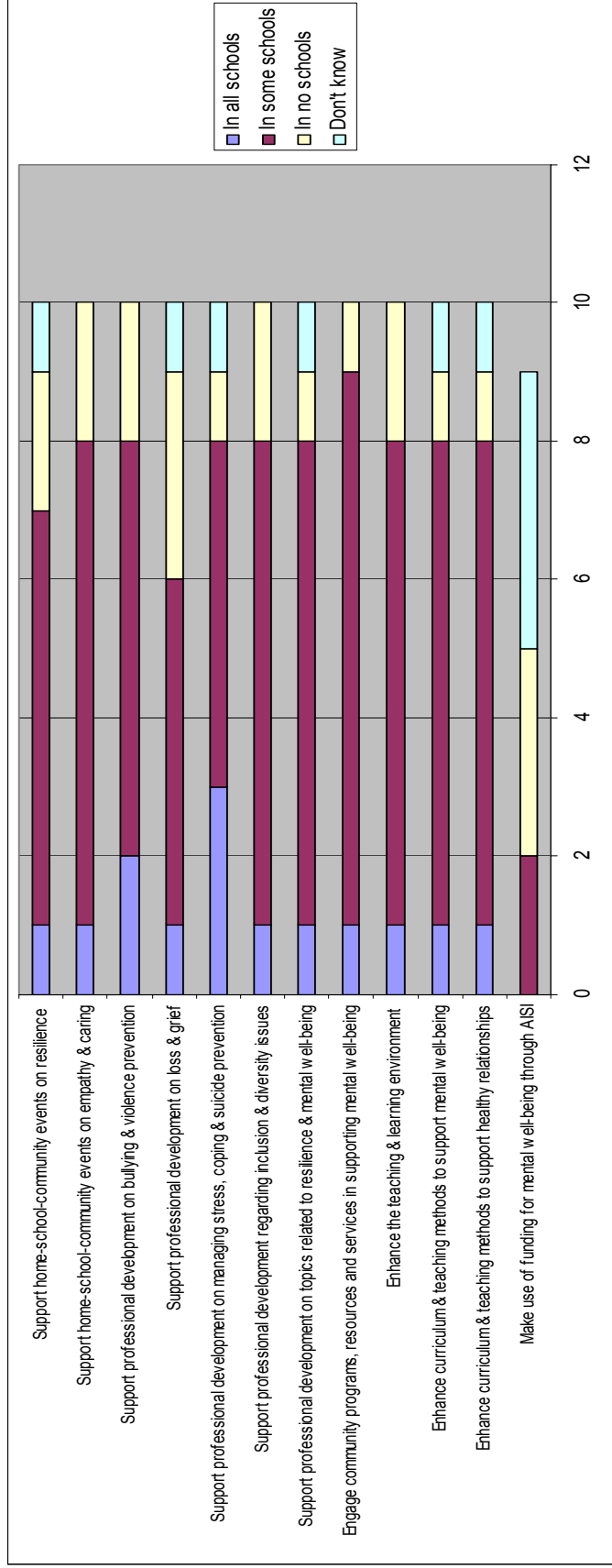
- ❖ Support professional development on bullying and violence prevention;

Figure 18. Extent to which School Authority support and implementation of mental well-being programs in schools



Health Authority support for mental well-being programs received a low number of “in all schools” responses. Most responses to the statements in Figure X were indicated as “in some schools”. These results are very similar to those regarding the extent of Health Authority support for health eating and active living programs (see Figures 7 and 13).

Figure 19. Extent to which Health Authorities support or implement mental well-being programs



Several respondents provided further comments about Authority-wide mental well-being programs (see Table 7). The data can be grouped into two categories: Respondents provided

specific examples of programs and initiatives that appear to be Authority-wide and those that are specific to a school or community.

Table 7. Comments regarding Authority-wide mental well-being programs

Theme	Comments
Examples of Authority-wide programs or initiatives	<p>We do have a jurisdiction wide anti-froshing program.</p> <p>The AISI funding at [School Authority] is primarily targeted at Inquiry-based Learning which, by extension, enhances social, emotional and interpersonal development.</p> <p>We have materials and access to website information that addresses mental health and well being and is available to schools.</p> <p>Currently the District's Culture & Climate AISI project is focused on creating positive learning environments. A comprehensive school by school cultural scan is being completed. Support is available through Instructional Services in these areas.</p>
Examples of programs in specific school/communities	<p>We currently have a Mental Health Initiative pilot project in Peace River.</p> <p>We have implemented the EBS system within all of our elementary schools. We also have a Speakers Series that is organized to bring in various professional speakers to talk about topics of interests i.e. bullying, teaching boys, etc.</p> <p>[Health Authority] provides much support re suicide prevention and management of emotional climate after a suicide; Our Health Promoting Schools Strategic Plan focuses on Mental Health and specifically Resiliency. We have identified outcomes.</p> <p>We work through the Alberta Healthy Living Network to integrate mental wellness into community programming.</p>

4.5.4 Key partners in implementing mental-well-being programs

The following two graphs (Figure 20 and 21) depict the extent to which respondents identified various key partners in implementing mental well-being programs.

- ❖ School Authorities identified Health Authorities (25%), Children's Service Authorities (20%), and Community Agencies (19%) most frequently.
- ❖ Health Authorities identified School Authorities (26%), Community Agencies (20%), and Children's Service Authorities (14%) most frequently.

Figure 20. School Authorities key partners in implementing mental well-being programs

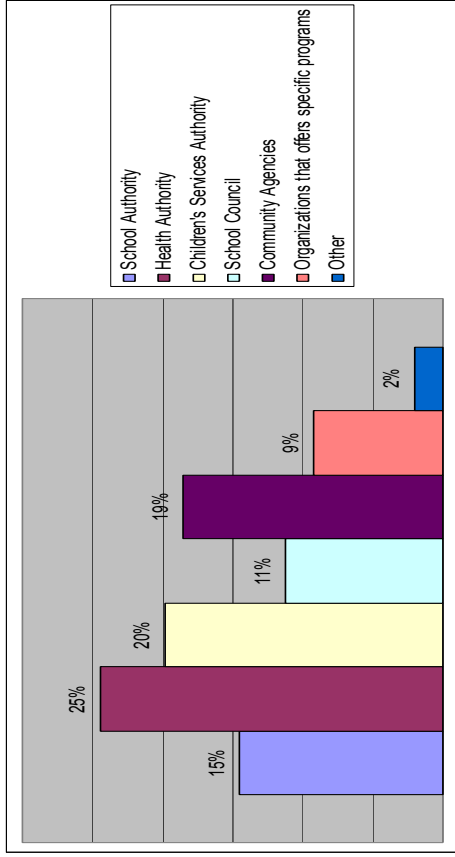
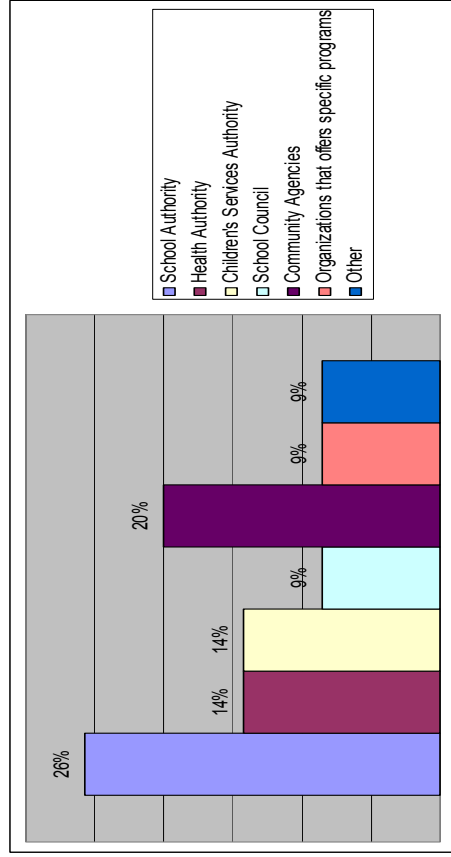


Figure 21. Health Authorities key partners in implementing mental well-being programs



As with the other topic areas of the survey, respondents were asked to name the Community Agencies, organization that offer specific programs and other partners for implementing mental well-being. The list is as follows in Table 8.

Table 8. List of partners for mental well-being programs

<p>Community Agencies</p>	<p><i>Family and Community Support Services (FCSS); FSL: Building Better Communities; Family Centre; Some Other Solutions Society For Crisis Prevention, Lets Talk Wellness, Native Friendship Centers, Youth Activity Centers, Multicultural Association, Students Assisting Students Program; Catholic social service; OT,SLP, PT; Town of Cochrane, West Rocky View Family Resource Center and Parent Link, Healthy Communities Working Group, Community Resource Center; Parent Link, Airdrie Family Service; Sherriff King Home, Association for Communities against Abuse, Highway 12 Drug Task force; Family Community Liaison Worker Program, Mental Health; Wetaskiwin Youth Centre; Neighbourhood Places; Family School Liaison program; Family Resource Centre; Canadian Mental Health Association; Big Brothers, Big Sisters; Neighborlink; The Open Door; Family Violence Prevention Society; Bullying Community Interagency Committee; AADAC; Bow Valley Interagency, Medicine Hat Family Services, John Howard Society</i></p>
<p>Organization that offer specific programs</p>	<p><i>City of Calgary Social Programs, Immigrant Serving Agencies, Woods Homes, Salvation Children's Village, Calgary Learning Village Collaborative; Lethbridge Family Services, Family Centre; AADAC, Big sisters / Big Brothers, Block Parents, Bosco Homes, Catholic Social Services, C/Child, CASA, Connections, County Clothesline, Robin Hood Assoc., RCMP, Strathcona County Family & Community Services, Pregnancy Crises Line, Food Bank, Chinook Eating Disorder/Mental Health</i></p>
<p>Other</p>	<p><i>BSEC Co-op /AADAC; Employee Assistance Program; Renfrew, family psychology center, Providence; Rocky View School Division, Alberta Mentor Foundation for Youth; Suicide Education and Referral Centre; Canadian Mental Health; 3 school jurisdictions working with us on the health promoting schools collaborative; Strathcona Youth Council, Toughlove, Mental Health, Rainbows, Youth Emergency Shelter; Alberta Healthy Living Network; Student Health Initiatives; Calgary Rocky View Student Health Partnership, Southern Alberta Child and Youth Health Network, Alberta Children's Hospital Community Education Services Initiative; Family School Wellness; Alberta Education</i></p>

4.5.5 Mental well-being policy and/or program documents

The following table is a compilation of mental well-being polices and/or program resources that respondents wanted to share with other school communities.

Table 9. List of resources for mental well-being

Authority	Resource
High Prairie School Div No. 48	Student Health Partnership
Edmonton School Div No. 7	Character Education Framework
Rocky View School Div No. 11	Program Documents-Rocky View Mental Well-being Service Continuum Information, outcome information on RVSD service delivery model re: impact on students referred. Mental Health and Schools in Alberta programming possibilities-Summary report from Creating Connections 2006 conference.
Calgary School Div No. 19	Gender Inclusion, Multiculturalism, Religious Education, Anti-Racism and Equity, School Discipline, Safe and Secure School Environments
Wetaskiwin Reg Div No. 11	The Anti Bullying Committee formed to address bullying issues within the community and is comprised of members from the school and health communities and health related agencies
Westwind School Div No. 74	With the help of various FCSS partners we have instituted the Why Try? program and the Roots of Empathy program in our schools.
Canadian Rockies Reg Div No. 12	We have initiated a Student Services Needs Assessment to look at the many issues our students are facing beyond academic considerations, and grappling with how to resource and provide support for the student, families and teachers.
Alberta Mental Health Board	"Be Kind" resources for youth 15 to 18 target social connection as a determinant of mental health and includes ideas for teachers and guidance counsellors.
Alberta Mental Health Board	Youth brochures on stress, exam stress, anxiety and depression targeted to increase knowledge and skills for age 13 to 18
Alberta Mental Health Board	Grip magazine for youth age 13 to 18, is distributed to schools in Alberta. It is a magazine written by and for youth on topics related to mental health.
Alberta Mental Health Board	Mental Health First Aid training - gives teachers and other school personnel the skills and information to support children and youth showing signs of or experiencing a mental health problem. Over the next 3 years the goal is to train at least one person in every school in Alberta.
Alberta Mental Health Board	AMHB has initiated 3 suicide prevention strategies to support young people and their families: 1. Alberta Takes Action on Community Help - regional and community actions to identify and support community helper, the people youth naturally turn to in times of distress, through information, training and the creation of better linkages with the professional supports in their area. 2. Alberta Takes Action on Active Postvention: to enhance suicide bereavement support programs and services, and support communities and regions to take a more active approach to reaching families newly bereaved by suicide. 3. Alberta Takes Action on Intentional Overdoses will work toward reducing access to the most commonly used methods of suicide attempts among Alberta's youth.
Calgary Health Region	Mental Health Capacity Building Projects for Children and Families - This project provides mental health promotion and prevention services integrated into school-based settings. Formal service agreements have been established with specific schools in five communities: Brooks, Calgary, Edmonton, High Level and Peace River. Additional pilot projects will address capacity building and risk reduction service components in selected at-risk communities - specifically targeted to children ages 0-19 years and their parents. We have many documents developed as part of our Health Promoting Schools Collaborative. Several are related to creating healthy inclusive social environments and community linkages, mentoring programs and outcomes and supports for supporting resiliency in students.

4.6 FINAL COMMENTS

The survey instrument ended with several open-ended questions and the following are verbatim comments grouped into four general theme areas:

There was kudos for the environmental scan.

Thank you for letting me participate in this survey. It has really been interesting and thought-provoking. Greatly appreciated.

This is a great start!! It helped to raise our work re HPS [Health Promoting Schools] to a more senior level within the school districts.

There were limitations to the survey.

I'm not sure all of the "no" answers above give an adequate analysis of what is going on in our board. Although not jurisdiction-wide, many of our schools offer various programs with various partners to address healthy eating, active living and mental wellbeing according to student needs at the various sites.

Some of the questions in this scan have been difficult to categorically answer as the extent of implementation within the school may vary by grade.

As a health Authority a number of the items/questions do not apply to us; The AMHB is a provincial health Authority. Many of the questions in the survey do not apply to us.

The inability to input details in the text boxes severely limited the response that could be provided. The structure of the questions was limiting & made it difficult to provide the most accurate information.

It is important to recognize that many philosophical directions and frameworks established at the District level set the stage for school administration & staff to respond to emergent local needs drawing on the general directions & resources at the District level or in the community. Over the past several years, there has been increased awareness and support for Health Choices built in general. It is recognized, however, that much work is still to be done.

It is also important to recognize that sometime labels & language differ so

that a match between the question & the jurisdiction activity needs to be qualified but there is not capacity to do so in the survey instrument.

The limits of District wide capacity linked to insufficient funding also needs to be considered since it often makes reliance on school based decision making the only option available for day to day activity in each of the areas focused upon in the survey.

There were gaps in information.

As my organization has not yet worked directly with school jurisdictions (programs and policies), I had limited information to include. However, we do work through networks such as the Alberta Healthy Living Network, Southern Alberta Children and Youth Network and we have worked on the SummerActive and WinterActive resources.

Though we don't have any procedures in place at this time we do work with outside partners to address issues, e.g. Comprehensive Health and Connections etc.

It seems that our region is in the beginning stages of working with school authorities and individual schools - and are just now starting to look at the agreements that need to be developed, and beginning to discuss the opportunities for policy development that will impact the whole school community.

There were more resources and promising practices to share.

We have a web-site that we utilize to disseminate nutrition, active living, and tobacco cessation information, and to support and promote such initiatives in the schools. This can be accessed at: www.movingandchoosing.com. Check it out.

As well, we are utilizing a Lead Teacher Model to market and support nutrition and active living, positive body image, tobacco reduction initiatives in the school districts. We completed a survey and a series of focused conversations to develop this model.

On an annual basis we have a health & wellness conference for students & staff. Our mandate is to be responsive to the mental, physical, emotional & the spiritual well-being of our students

Vermilion Elementary School has done a lot of work in these areas. Wainwright elementary school has embarked on a active school program that is working at addressing the sedentary nature of today's youth.

Healthy and Active Children Committee's Project now in development entitled "A Guide to Writing Nutrition and Activity Policies" for preschools, daycares, day home and early childhood programs.

EPS Curriculum Website Links to Nutrition Resources for K to 9

Big Brothers, Big Sisters and Battle River Drug Response Task Force developed and implemented a program called "Buddy Up" - a mentoring program between grade eleven and grade six students. Battle River School Division has developed and implemented a program called "Learning Together" for young women up to 25 years of age with children; this involves programming for both the mothers, the children, and mothers and children together.

Lead Teacher Model; Web-based networking, promotion, etc.

We have a ton of info collected and catalogued into a binder which shows our progress and fit of education and health goals with AH&W and A ED as we don't and the outcomes etc. Would like to review with AH&W and A ED as we don't want to duplicate surveys and want to support initiatives. WE have Penny Have on our steering Cttee for HPS and would appreciate knowing more about provincial directions.

5. CONCLUSIONS

The goal of the environmental scan is to identify existing Alberta School and Health Authority capacity to address healthy eating, active living and mental well-being among school-aged children and youth. The response rate for the online survey was very promising, in that, 100% of Health Authorities and 62% of School Authorities participated. It could be surmised that this reflects an interest in school health promotion.

Given the investment of people's time, it would not be off the mark to propose that the survey be repeated to track changes over time. However, it would be important to investigate and strengthen (if necessary) the reliability and validity of the survey instrument so that there is increased confidence in detecting any trends in the capacity of School and Health Authorities.

Three objectives were put forward to address the goal of the environmental scan and they form the structure for the following concluding remarks.

5.1 Identify and describe existing policies and programs that support school health promotion in order to enhance knowledge exchange.

Twenty-nine percent of School Authority respondents (n=13) and 25% of Health Authorities (n= 3) reported that they had formal agreements between Authorities for school health promotion. These agreements should be shared and evaluated to determine how they build capacity for taking action on healthy eating, active living and mental well-being with comprehensive school health approaches.

The percentage and number of School and Health Authorities that responded to the environmental scan survey and reported to have Authority-wide policies or guidelines for school health promotion are low in relation to the total number of Authorities in Alberta (Table 10). The question that begs to be asked is this: How important are Authority-wide policies or guidelines for furthering school health promotion in Alberta? If policies or guidelines are important then this is indeed an area for further development.

Table 10. Percentage and number of School and Health Authorities with Authority-wide school health promotion policies or guidelines

Policy topic	School Authority	Health Authority
Healthy Eating	31% (n=30)	33% (n=4)
Active Living	36% (n=16)	16% (n=2)
Mental Well-being	36% (n=16)	16% (n=2)

Table 11 presents a preliminary view of how School and Health Authority respondents (who stated they had policies and programs) described **policies or guidelines** in terms of “in all schools” or “in some schools.” When one compares these responses through a comprehensive school health lens, only the responses with respect to healthy eating program area appeared to address this approach. This information could be used as a starting point for policy or guideline discussions.

Table 11. Key descriptors of Authority-wide school health promotion policies or guidelines

Policy topic	School and Health Authorities reporting policies or guidelines “in all schools” or “in some schools”
Healthy Eating	Promote the preparation and serving of health foods within school programs. Promote the sale of healthy foods at school. Make explicit mention of comprehensive whole school approaches to healthy eating.
Active Living	Follow Alberta Education’s Daily Physical Activity policy. Support safety policy related to physical activity.
Mental Well-being	Provide guidance and direction for addressing risk factors such as conflict, bullying, isolation, alienation, and exclusion among students. Provide guidance and direction for addressing conditions such as family conflict and stress.

Turning to school health promotion programs, Table 12 summarizes the key statements which School and Health Authority respondents described their Authority’s school health promotion programs as “in all schools” or “in some schools”. It is evident that a key program area for healthy eating and active living is to “create and disseminate resources materials.” Another program area that stands out is to “enhance curriculum and teaching methods” for supporting active living and mental well-being.

Furthermore, if Alberta is to realize ACHSC’s vision -- “every school-aged child or youth is part of a healthy school community” -- then more work needs to be done to get school health promotion programs in all schools.

Table 12. Extent to which Authorities support and implement school health promotion programs

Program topic	School and Health Authorities reporting program “in all schools” or “in some schools”
Healthy Eating	Create and disseminate resource materials to support healthy eating. Engage community programs, resources, and services to support healthy eating.
Active Living	Enhance curriculum and teaching methods to support active living. Create and disseminate new resource materials to support active living.
Mental Well-being	Support professional development on bullying and violence prevention. Enhance the teaching and learning environment for teachers and students. Enhance curriculum and teaching methods to support the development of healthy relationships.

5.2 Identify current partnerships among organizations and agencies who are involved in the planning or delivery of school health promotion policies and programs.

Table 13 is a compilation of key partners for school health promotion that School and Health Authority respondents reported. It appears that School and Health Authorities frequently identify each other as partners except for perhaps with respect to active living where School Authorities identified other partners more frequently. Both School and Health Authorities reported that Ever Active Schools is a key partner for active living policies and programs. School Councils figure prominently as partners in the area of healthy eating. Community Agencies were stated as key partners in all program areas and Family and Community Support Services (FCSS) were listed numerous times by respondents.

Table 13. School and Health Authority key partners for school health promotion

Program topic	School Authority Key Partners	Health Authority Key Partners
Healthy Eating	School Councils Health Authorities Community Agencies	School Authorities Community Agencies School Councils
Active Living	Recreational Centres School Councils Ever Active Schools	School Authorities Ever Active Schools Be Fit for Life Centres Parks and Recreation Community Agencies
Mental Well-being	Health Authorities Children's Service Authorities Community Agencies	School Authorities Community Agencies Children's Service Authorities

5.3 Identify key people who are at the Authority-level of school health promotion policy and program implementation in order to strengthen network development.

Through planning and conducting the environmental scan, ACHSC has a listing of key people in most School and Health Authorities in Alberta and a beginning list of important partners for school health promotion. It would make sense to contact and consult with these key people and partners to discuss and identify priority areas for further development in order to promote the health and educational attainment of Alberta's school-aged children and youth. This would be a fit with ACHSC's aim in completing this environmental scan -- to help identify areas for further advocacy, knowledge exchange and network development for comprehensive school health.

REFERENCES

- ACHSC (2006). *Results of an online survey-Building the ACHSC network through knowledge exchange*.
<http://www.achsc.org/download/Results%20of%20an%20online%20survey%20Bldg%20the%20ACHSC%20network%20KE%20Sept%2006.pdf>
Accessed 14/04/07
- Stewart-Brown S (2006). *What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach?* Copenhagen, WHO Regional Office for Europe (Health Evidence Network report; <http://www.euro.who.int/document/e88185.pdf>, accessed 01 March 2006).

APPENDIX: SURVEY INSTRUMENT

Environmental Scan of Alberta School Authority and Health Authority School Health Promotion Policies and Programs

Introduction

The goal of the environmental scan is to identify existing Alberta School Authority and Health Authority capacity to address healthy eating, active living and mental well-being among school-aged children and youth.

This environmental scan is commissioned by Alberta Education and Alberta Health and Wellness and is being conducted in partnership with the Alberta Coalition for Healthy School Communities (ACHSC). ACHSC is being assisted by the Markin Institute at the University of Calgary to conduct this scan.

This environmental scan is targeted to Alberta School Authorities and Health Authorities. You will not be asked to access information and speak on behalf of individual schools.

The environmental scan is being conducted in confidence and results will be compiled so that the information from individual School Authorities or Health

Part 1 Profile

On behalf of which Authority are you responding?

- School Authority
- Health Authority

Please choose which School Authority:

- Almadina School Society
- Aurora School Ltd.
- Boyle Street Education Centre
- Calgary Arts Academy Society
- Calgary Girls' School Society
- Calgary Science School Society
- CAPE - Centre for Academic and Personal Excellence Institute
- Foundations for the Future Charter Academy Charter School Society
- Moberly Hall School Society
- Mother Earth's Children's Charter School Society

Authorities will not be compared. The results of this environmental scan will be shared with Alberta School Authorities and Health Authorities.

If you have any questions about the environmental scan as you are completing it please contact Rosemary Perry, Markin Institute, University of Calgary at (403) 210- 9422 or perryr@ucalgary.ca.

If you wish to contact someone at Alberta Education or Alberta Health and Wellness, please call Marg Schwartz, School Health and Wellness Manager, Alberta Education & Alberta Health and Wellness at (780) 644-5274 or margaret.schwartz@gov.ab.ca or Gail Diachuk, Project Manager, Population Health Strategies, Alberta Health and Wellness at (780) 415-5270 or gail.diachuk@gov.ab.ca.

We recommend that you set aside 20 minutes to complete the environmental scan. You can save your answers and come back to them. This may help if you come across parts of the environmental scan where you need to ask someone else in your organization for information.

Please complete the environmental scan prior to March 23, 2007.

- New Horizons Charter School Society
- Suzuki Charter School Society
- Westmount Charter School Society
- Aspen View Regional Division No. 19
- Battle River Regional Division No. 31
- Buffalo Trail Public Schools Regional Division No. 28
- Calgary School District No. 19
- Canadian Rockies Regional Division No. 12
- Chinook's Edge School Division No. 73
- Edmonton School District No. 7
- Elk Island Public Schools Regional Division No. 14
- Foothills School Division No. 38
- Fort McMurray Public School District No. 2833
- Fort Vermilion School Division No. 52
- Golden Hills School Division No. 75

- Grande Prairie School District No. 2357
- Grande Yellowhead Regional Division No. 35
- Grasslands Regional Division No. 6
- Greater St. Albert Catholic Regional Division No. 29
- High Prairie School Division No. 48
- Horizon School Division No. 67
- Lethbridge School District No. 51
- Livingstone Range School Division No. 68
- Lloydminster Public School Division
- Medicine Hat School District No. 76
- Northern Gateway Regional Division No. 10
- Northern Lights School Division No. 69
- Northland School Division No. 61
- Palliser Regional Division No. 26
- Parkland School Division No. 70
- Peace River School Division No. 10
- Peace Wapiti School Division No. 76
- Pembina Hills Regional Division No. 7
- Prairie Land Regional Division No. 25
- Prairie Rose School Division No. 8
- Red Deer Public School District No. 104
- Rocky View School Division No. 41
- St. Paul Education Regional Division No. 1

- Westwind School Division No. 74
- Wetaskiwin Regional Division No. 11
- Wild Rose School Division No. 66
- Wolf Creek School Division No. 72
- Calgary Roman Catholic Separate School District No. 1
- Christ the Redeemer Catholic Separate Regional Division No. 3
- East Central Alberta Catholic Separate Schools Regional Division No. 16
- Elk Island Catholic Separate Regional Division No. 41
- Evergreen Catholic Separate Regional Division No. 2
- Fort McMurray Roman Catholic Separate School District No. 32
- Grande Prairie Roman Catholic Separate School District No. 28
- Holy Family Catholic Regional Division No. 37
- Holy Spirit Roman Catholic Separate Regional Division No. 4
- Lakeland Roman Catholic Separate School District No. 150
- Living Waters Catholic Regional Division No. 42
- Lloydminster Roman Catholic Separate School Division
- Medicine Hat Catholic Separate Regional Division No. 20
- Red Deer Catholic Regional Division No. 39
- St. Albert Protestant Separate School District No. 6
- St. Thomas Aquinas Roman Catholic Separate Regional Division No. 38

Please choose which Health Authority:

- Alberta Alcohol and Drug Abuse Commission
- Alberta Mental Health Board
- Alberta Cancer Board
- Aspen Health Region
- Calgary Health Region
- Capital Health Region

- Chinook Health Region
- David Thompson Health Region
- East Central Health Region
- Northern Lights Health Region
- Palliser Health Region
- Peace Health Region

Do you have any formal agreements for school health promotion between School Authorities and Health Authorities in your region?

- Yes
- No

If you are willing to share documents regarding agreements, policies and/or programs from your School Authority or Health Authority, please provide your contact information.
 Help text - We do ask for your name, contact information and permission to

contact you if we need to clarify any answers to questions within the scan or follow up on sharing documents regarding policies and programs from your School Authority or Health Authority.

Name
 Position
 Department
 Mailing Address

Email
 Phone
 Fax

The next series of questions are about existing school health promotion policy and programs in the areas of healthy eating, active living, and mental well-being.

The questions are about your School Authority or Health Authority as a whole. If you have information about individual schools or departments within your jurisdiction that are implementing policies and programs, please elaborate where appropriate. The intent of this section is to provide an overview of what is happening at a regional and jurisdictional level, not an individual school level.

Part 2 Healthy Eating

Do you have Authority-wide policies or guidelines regarding healthy eating?

- Yes
- No
- Don't Know

http://www.phac-aspc.gc.ca/canada/regions/atlantic/Publications/Capacity_building/capacity_building_e.html

Help text - Generally speaking, policies or guidelines can be defined as guiding principles or a plan of action agreed to by a group of people with the power to carry it out and enforce it. Health Canada. Accessed December 18, 2006

If yes, please indicate which of the following best describes your Authority's healthy eating policy or guidelines?

Policies or guidelines ...	all schools	some schools	no schools	Don't Know
Promote the preparation and serving of healthy foods within school programming.				
Promote the sale of healthy foods at school.				
Promote partnerships with businesses that market healthy foods.				
Provide funding to schools to undertake special initiatives to encourage healthy eating.				
Encourage participation in research projects regarding healthy eating.				
Make explicit mention of comprehensive, whole-school approaches to healthy eating.				
Implement restrictions of the sale of junk foods or drinks (i.e., those foods high in fats and sugars) in schools.				
Provide only healthy food choices (e.g., fruits, vegetables, whole grains, milk, water) at school events to reinforce healthy eating.				

Does your School Authority/Health Authority have a review process in place for your healthy eating policy or guidelines?

{Choose one}

- Yes
- No
- Don't Know

Help text - A review process should be considered broadly to mean any type of monitoring, evaluation, assessment, surveillance or reporting activity.

Other

To what extent does your School Authority/Health Authority support and implement any of the following healthy eating programs in schools?

Help text - Generally speaking, programs can be defined as planned and implemented action to address goals.

Programs which ...	All schools	Some schools	No schools	Don't know
Acknowledge ethnic and cultural diversity in food choice.				
Offer free breakfast to students.				
Offer free lunch to students.				
Encourage the involvement of parents and families in promoting healthy eating.				
Engage community programs, resources and services to support healthy eating.				
Enhance curriculum and teaching methods to support experiential nutrition education.				
Sponsor professional development on topics related to healthy eating.				
Sponsor home - school - community events on healthy eating.				
Create and disseminates resource materials to support healthy eating.				
Sponsor student leadership for healthy eating.				
Support healthy eating through Alberta Initiative for School Improvement (AISi) project funding.				
Enhance the physical environment to support healthy eating.				
Enhance the social environment to support healthy eating.				

Other

Who are your key partners in implementing healthy eating programs or initiatives?

{

Choose all that apply}

- School Authorities
- Health Authorities
- School Councils
- Community Agencies
- Professional Associations
- Businesses
- Other

Please name [Community Agencies, Professional Associations, Businesses, Other

If you have healthy eating policy and/ or program documents that can be shared with other Alberta school communities, please list.

Part 3 Active Living

Do you have Authority-wide policies or guidelines in place regarding active living?

{Choose one}

Yes

No

Don't Know

If yes, please indicate which of the following best describes your Authority's active living policy or guidelines?

Policy or guidelines ...	In all schools	In some schools	In no schools	Don't know
Require that all active living programs are delivered by teachers with physical education training.				
Provide funding to schools to encourage active living programs.				
Encourage participation in research projects regarding active living.				
Encourage inclusive policies for inter-school athletics; e.g., no elimination of students from team participation.				
Support joint use agreements with community facilities.				
Follow Alberta Education's Daily Physical Activity policy.				
Support safety policy related to physical activity.				
Make explicit mention of comprehensive, whole-school approaches to active living.				

Other

Does your School Authority/Health Authority have a review process in place for your active living policy or guidelines?

{Choose one}

Yes

No

Don't Know

To what extent does your School Authority/Health Authority support and implement any of the following active living programs in schools?

Programs which.....	In all schools	In some schools	In no schools	Don't know
Create and disseminate new resource materials to support active living.				
Engage community programs, resources and services to support active living.				
Encourage the involvement of parents and families in active living in the home and school.				
Enhance curriculum and teaching methods to support active living.				
Increase usage of school facilities before and after school.				

Target females to promote active living			
Target socio-economically disadvantaged children and youth to promote active living			
Target disabled students to promote active living			
Support active living through Alberta Initiative for School Improvement (AIS) project funding			
Sponsor professional development on topics related to active living			
Sponsor student leadership for active living			
Sponsor home - school - community events to support active living			
Encourage equitable access to active living programs before and after school; i.e., accessible and affordable by all students			
Enhance the physical environment to support active living			
Enhance the social environment to support active living			

Other

Who are your key partners in implementing active living programs or initiatives?

{Choose all that apply}

- School Authorities
- Health Authorities
- School Councils
- Ever Active Schools
- Schools Come Alive
- Be Fit for Life School Programs
- Recreational Centres
- Parks and recreation departments
- Municipal parks and recreation facilities
- For-Profit Fitness facilities
- Community Agencies
- Other

Please name

{Enter text answer}

[Community Agencies, Other]

If you have active living policy and/or program documents that can be shared with other Alberta school communities, please list.

{Enter answer in paragraph form}

Part 4 Mental Well-Being

Do you have Authority-wide policies or guidelines regarding mental well-being?

{Choose one}

- Yes
- No
- Don't Know

Help text - By working to increase self-esteem, coping skills, social support and well-being in all individuals and communities, mental health promotion empowers people and communities to interact with their environments in ways

that enhance emotional and spiritual strength. It is an approach that fosters individual resilience and promotes socially supportive environments. Mental health promotion also works to challenge discrimination against those with

mental health problems. Respect for culture, equity, social justice, interconnections and personal dignity is essential for promoting mental health for everyone.

Public Health Agency of Canada. Accessed January 25, 2007 http://www.phac-aspc.gc.ca/mh-sm/mhp-psm/faq_e.html

If yes, please indicate which of the following best describes your Authority's policy or guidelines related to mental well-being. Our policy or guidelines ...

	In all schools	In some schools	In no schools	Don't know
Provide guidance and direction for addressing risk factors such as conflict, bullying, isolation, alienation, and exclusion among students.				
Provide guidance and direction for enhancing protective factors such as building a sense of security and trust.				
Provide guidance and direction for enhancing protective factors such as increasing opportunities for school connectedness.				
Provide guidance and direction for enhancing protective factors such as building participation in school - community life.				
Provide guidance and direction for addressing risk conditions such as poverty.				
Provide guidance and direction for addressing risk conditions such as family conflict and stress.				
Provide guidance and direction for addressing risk conditions such as social isolation among students.				
Make available funds from the School Authority/Health Authority for schools to undertake programs in the domains of emotional, social and mental well-being.				
Support opportunities for schools to participate in research projects regarding emotional, social and mental well-being among school-aged children and youth.				
Make explicit mention of comprehensive, whole-school approaches to emotional, social and mental well-being.				

Other
{Enter text answer}

Does your School Authority/Health Authority have a review process in place for your mental well-being policy or guidelines?
{Choose one}
 Yes
 No
 Don't Know

To what extent has your School Authority/Health Authority supported or implemented any of the following mental well-being programs?

Programs which...	In all schools	In some schools	In no schools	Don't know
Support home - school - community events on resilience and emotional, social and mental well-being.				

Support home - school - community events on empathy and caring.			
Support professional development on bullying and violence prevention.			
Support professional development on loss and grief.			
Support professional development on managing stress, coping and suicide prevention.			
Support professional development regarding inclusion and diversity issues.			
Support professional development on topics related to resilience and emotional, social and mental well-being.			
Engage community programs, resources and services in supporting emotional, social and mental well-being.			
Enhance the teaching and learning environment for teachers and students.			
Enhance curriculum and teaching methods to support emotional, social and mental well-being.			
Enhance curriculum and teaching methods to support the development of healthy relationships.			
Make use of funding for emotional, social and mental well-being that is targeted through Alberta Initiative for School Improvement (AISII).			

Other

{Enter text answer}

Who are your key partners in implementing mental well-being programs or initiatives?

{Choose all that apply}

- School Authority
- Health Authority
- Children's Services Authority
- School Council

- Community Agencies
- Organizations that offers specific programs
- Other

Please name

{Enter text answer}

Community Agencies, Organizations that offers specific programs, other]

If you have mental well-being policy and/or program documents that can be shared with other Alberta school communities, please list.

{Enter answer in paragraph form}

As you have been completing this environmental scan, have you thought of other healthy eating, active living, and/or mental well-being policies and/or programs that you would like others to know about?

- Yes
- No

Is there anything else you would like to add? Please list.