



Alberta Coalition for Healthy School Communities www.achsc.org

THE TIME IS NOW: ACTION ON SCHOOL HEALTH

**Symposium and Forum
March 19 – 20, 2008
Sherwood Park, Alberta**

2008 EVALUATION REPORT



Prepared by Lori Baugh Littlejohns
May 2008

TABLE OF CONTENTS

ACKNOWLEDGMENTS /3

PREFACE /3

ACHSC VISION, MISSION, AND GUIDING PRINCIPLES /4

EXECUTIVE SUMMARY /5

A. INTRODUCTION /8

B. EVALUATION FRAMEWORK /10

C. RESULTS /11

C.1 Day One: The Symposium /11

1.1 Evaluation survey /11

1.2 Discussion groups: Successes and challenges in creating healthier school communities /18

1.3 Regional action plans /19

1.4 Summary of key themes from The Symposium /23

C.2 Day Two: The Forum /24

2.1 Evaluation survey /24

2.2 Summary of discussions about Regional action plans /30

2.3 Summary of key themes from The Forum /37

D. RECOMMENDATIONS /38

APPENDICES /39

1. Letter of invitation /39

2. The Symposium agenda /40

3. The Forum agenda /41

ACKNOWLEDGEMENTS

First and foremost, the Alberta Coalition for Healthy School Communities (ACHSC) gratefully acknowledges the Public Health Agency of Canada for their continued support. Without funding provided through the Population Health Fund over the last several years – ACHSC would not be able to take the leadership role that it has to create space for discussion and action on moving school health promotion forward in the province.



ACHSC would also like to acknowledge the Alberta School Board Association for partnering in hosting *The Time is Now* events. This was a vital connection for expanding the circle for partnerships and awareness of comprehensive school health.

The Alberta Teachers Association (ATA) sponsored a nutrition break and ACHSC is grateful for their support.

Thanks go to the ACHSC Board of Directors for their ongoing support of ACHSC and promotion of comprehensive approaches to school health. Pamela Boyson, Dave Colburn, Bill Gordon and Claire LeBlanc are to be particularly commended for their leadership in planning, implementing and evaluating *The Time is Now Symposium* and *Forum* held March 19 and 20, 2008.

Finally, acknowledgement goes to the many participants who took the time to press pause and attend *The Time is Now* events.

This report was prepared by Lori Baugh Littlejohns ([http:// www.loribaughlittlejohns.com](http://www.loribaughlittlejohns.com))

PREFACE

It would be accurate to say that the executive of the Alberta Coalition for Healthy School Communities regard the symposium “The Time is Now: Taking Action on School Health”, held in Sherwood Park, March 19 and 20, as an unqualified success. Despite receiving our funding in mid January and dealing with a myriad of planning details in a limited time frame, over 240 people registered for our two day event. This number included approximately 37 trustees representing 24 school boards, 16 School Superintendents or designates, an additional 10 districts represented by senior staff, 8 physicians representing 7 of the 9 health regions, 2 Medical Officers of Health, 30 educators/teachers, administrators, principals, parents and over 24 health professionals.

We have personally reviewed all evaluation forms returned to our organizing committee and the reviews are overwhelmingly positive. Many stakeholder groups were sitting down with each other for the first time to discuss school health (physicians, superintendents and trustees). It was clear, listening to discussions throughout the two days and reading the evaluation forms, that there is great enthusiasm for a collaborative model involving all groups that would move school health forward. ACHSC is committed to developing these regional working groups.

We were particularly excited to have the Alberta School Board Association co-sponsor the events. The presence of trustees, the medical community and the Alberta Teachers Association, all in the same room speaking to the issue of school health, was an unprecedented gathering of important stakeholder groups. It speaks well indeed to the future health prospects of the children of Alberta.

Pam Boyson and Dave Colburn, Co-Chairs, ACHSC



VISION Every school-aged child or youth is part of a healthy school community.

MISSION To promote and foster healthy school communities through a comprehensive school health approach that enhances the health of Alberta children and youth.

GUIDING PRINCIPLES

We believe that creating and sustaining healthy school communities requires

- ... *understanding* of the broad factors that affect health, not simply risk factors such as poor diet and lack of exercise but also risk conditions such as lack of financial resources and lack of sense of belonging.
- ... *recognizing* that children's health status affects ability to learn and educational attainment affects health status.
- ... *emphasizing* proactive and comprehensive approaches that work to address root causes of poor health by focusing on the conditions and environments in which people live, learn, work, and play.
- ... *ensuring* meaningful participation of individuals and communities whose health is to be influenced.
- ... *strengthening* collaboration through broad-based, multidisciplinary, and intersectoral partnerships.
- ... *respecting* skills, values, and experiences of diverse people and cultures.
- ... *developing* policies which are supportive of health.
- ... *pursuing* social justice to reduce health disparities.

EXECUTIVE SUMMARY

- The key strategy for *The Time is Now* project was to intensify partnership development with key stakeholders, in particular from the education sector, and consolidate collaborative strategic plans for comprehensive school health (CSH).
- *The Symposium* targeted decision makers and *The Forum* targeted front line practitioners. Both events succeeded in engaging the education sector to a greater extent than in past ACHSC events.

The Symposium

- The majority of delegates who responded to the evaluation agreed that *The Symposium* met their expectations with respect to increasing knowledge and awareness about the need for explicit commitment for school health promotion and increasing knowledge and awareness about best practices.
- *The Symposium* evaluation results reveal support for a regional model within which stakeholders may collaboratively work to better support school health in their jurisdictions.
- Clearly and repeatedly delegates call for increased collaboration between health and education at every level. Inter-ministerial plans were called for to support CSH through such policy and programs as “access to a central repository of best practice resources” and “sustainable funding”.
- The main themes with respect to success in creating healthier school environments were about the development and implementation of school nutrition policies and actions. School feeding programs such as breakfast programs were mentioned most frequently. Key challenges mirror the call for provincial policies and the need for collaborative structures.
- All Regional Action plans created at *The Symposium* contain some element of strengthening collaborative structures between sectors to develop policy and take action on creating healthier school environments. Goals around advocacy for provincial initiatives, communication to stakeholders, and strategies around best practices in CSH were also predominate in action plans.
- Trustees that responded to the evaluation survey were very positive about the Alberta School Board Association taking further action on school health initiatives.

The Forum

- The vast majority of delegates rated *The Forum* favourably in terms of meeting their expectations to increase their knowledge and awareness about provincial initiatives (healthy eating and active living) and to increase their knowledge and awareness of creating supportive school environments for mental health. Delegates were less positive about The Forum's ability to deliver on increasing collaboration, commitment and action.
- Three priorities for action were: Increased collaborative strategic planning at all levels (local community, school, region, and province); stronger provincial leadership role in funding school health promotion; and increased communications around school health promotion.
- There is cautious optimism about the feasibility of action plans created by Symposium participants. The key challenges to implementing the actions plans were: funding; time; systems thinking and management support; knowledge, skill and resources; and partnership development.
- The potential outcomes for action plans were: increased collaboration, partnerships and networks; having a voice; increased sharing of knowledge, skill and resources; strengthened public policy, increased participation; and improved health and education outcomes.
- The next steps for front line practitioners were clearly and articulately laid out and they include: enhancing communication; enhancing knowledge, skill and resources; and increasing advocacy for school health promotion.
- A comprehensive list of potential stakeholders was reported by delegates that included all sectors of the community. Delegates indicated that engaging stakeholders in the work of school health promotion will require: strengthened leadership; increased communication and education; increased resources; and enhanced participation and partnerships.

Recommendations

1. Provincial leadership and coordination is needed to support CSH at the local and regional level specifically with respect to guidelines (e.g., food and nutrition), access to best practices knowledge, and network development.
2. Provincial funding support is needed in the form of time and salaries for people to facilitate CSH at the local school community level.

3. Regional School Health Action Teams need to be created and/or sustained in order to effectively:
 - advocate for the adoption of CSH approaches in every school in Alberta,
 - share knowledge as to best practice, and
 - further develop and implement Regional Action Plans.
4. Communication vehicles are needed to support interaction among front line people to learn about what works and what does not in comprehensive school health.
5. There is a need to coordinate high quality information (e.g., database) as to what programs are in what schools in order to strengthen the planning, implementation and evaluation of school health promotion initiatives.
6. ACHSC needs to continue to provide educational opportunities (such as the Symposium and Forum) to increase knowledge and skill about how to plan, implement and evaluate CSH.

A. INTRODUCTION

In January 2008 the Alberta Coalition for Healthy School Communities (ACHSC) received funding approval from the Public Health Agency of Canada for a project titled “Building capacity for comprehensive school health”. A proposal was submitted in July 2007 and revised in September 2007 for a targeted start date of November 2007 and ending March 2008. As the funding decision was delayed (and the project start date delayed by 3 months) and the end date remained non-negotiable, the proposed strategies and activities were necessarily revised in order to implement some components of the original proposal.

The following table is a revised project plan that keeps original objectives and strategies but indicates changes to the actions and desired outcomes of the project.

Table 1. Project objectives, strategy, actions and outcomes

Objectives	Strategy	Action (Revised March 2008)	Outcomes (Revised March 2008)
Partnerships and community linkages are established to maintain ACHSC as the provincial leader for CSH.	Intensify partnership development with key stakeholders, in particular from the education sector, and consolidate collaborative strategic plans for CSH.	Host a Symposium in partnership with the Alberta School Board Association (19 March 2008) primarily targeting education sector decision-makers. Invited stakeholders: Superintendents, Trustees, administrators, parents, physicians, ACHSC executive, Regional Health Promotion Coordinators (RHPCs), and other invited "observers" including the Ministers of Health and Wellness and Education.	Increase knowledge and awareness about the need for explicit commitment for school health promotion. Increase knowledge and awareness about best practices in place in Alberta Identify the extent to which there is support for a regional model within which stakeholders may collaboratively work to better support school health in their jurisdictions.
Awareness and education is strengthened among school communities of the ACHSC network and the supports available to help implement CSH.		Host a Forum in partnership with the Alberta School Board Association (20 March 2008) targeting front line people working in school health - principals, teachers, health care workers, and curriculum managers.	Increase knowledge and awareness about provincial initiatives in the school health area (i.e. daily physical activity, provincial nutrition guidelines) Increase knowledge and awareness of creating supportive school environments for mental health. Increase opportunities for collaboration, commitment and action in support of school health promotion.

As per the table above, *The Symposium* and *Forum* were planned in partnership with the Alberta School Board Association. The main target for The Symposium held on March 19, 2008 was primarily education sector decision-makers. This target was chosen because of the lack of engagement and representation in prior ACHSC events.¹ Invited stakeholders were Superintendents, Trustees, administrators, parents, physicians, ACHSC executive, Regional Health Promotion Coordinators and other invited "observers" including the Ministers of Health and Wellness and Education.

The Forum held on March 20, 2008 targeted front line people working in school health and included principals, teachers, health care workers, and curriculum managers (see Appendix 1 for Letter of invitation and Appendices 2 and 3 for Symposium and Forum agendas).

¹ See for example *Project Evaluation Report. Building Networks to promote comprehensive school health.* (April 2007) at www.achsc.org

B. EVALUATION FRAMEWORK

An evaluation framework was prepared in February 2008 with Executive Committee members of the ACHSC Board. The framework was intended to focus on the revised outcomes of *The Symposium* and *Forum*. The table below highlights these outcomes and relates them to the overall project objectives and evaluation methods.

Table 2. Project evaluation framework

Objectives	Outcomes	Evaluation Methods
<p>1. Partnerships and community linkages are established to maintain ACHSC as the provincial leader for comprehensive school health (CSH)</p>	<p>1.1 Increase knowledge and awareness about the need for explicit commitment for school health promotion.</p> <p>1.2 Increase knowledge and awareness about best practices in place in Alberta</p> <p>1.3 Identify the extent to which there is support for a regional model within which stakeholders may collaboratively work to better support school health in their jurisdictions.</p>	<p><u>The Symposium</u></p> <p>Evaluation survey (pen and paper forms) distributed to all delegates.</p> <p>Returned survey data analyzed and compiled into a report.</p> <p>Discussion group data and regional action plans recorded (electronically).</p> <p>Document review of discussion group data and regional action plans analyzed for themes and compiled into a report.</p>
<p>2. Awareness and education is strengthened among school communities of the ACHSC network and the supports available to help implement CSH</p>	<p>2.1 Increase knowledge and awareness about provincial initiatives in the school health area (i.e. daily physical activity, provincial nutrition guidelines).</p> <p>2.2 Increase knowledge and awareness of creating supportive school environments for mental health.</p> <p>2.3 Increase opportunities for collaboration, commitment and action in support of school health promotion.</p>	<p><u>The Forum</u></p> <p>Evaluation survey (pen and paper forms) distributed to all delegates.</p> <p>Returned survey data analyzed and compiled into a report.</p> <p>Discussion group data recorded (pen and paper).</p> <p>Document review of discussion group data analyzed for themes</p>

C. RESULTS

C.1 Day one: The Symposium

Symposium Outcomes

1. Increase knowledge and awareness about the need for explicit commitment for school health promotion.
2. Increase knowledge and awareness about best practices in place in Alberta.
3. Identify the extent to which there is support for a regional model within which stakeholders may collaboratively work to better support school health in their jurisdictions.

Symposium Participants

Superintendents/Designates (16)
Physicians (8)
Medical Officers of Health (2)
Trustees (37)
Parent Representatives (4)

Health Region (24)
Agency/Government (12)
ASBA Reps (2)
ATA Reps (1)
Educators (9)
Other (12)

1.1 Evaluation Survey

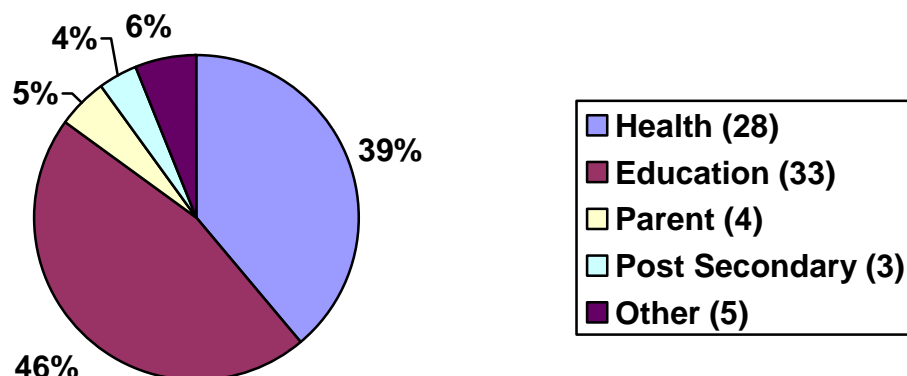
A pen and paper evaluation survey was distributed to all participants and the survey asked respondents

- about their affiliation,
- how they would rate the event based upon a series of evaluative statements,
- their top priorities for moving school health promotion forward in the province and who they thought was responsibility for doing so.

1.1.1 Response rate and affiliation

The response rate was 57% (72 evaluation forms returned of 127 total participants). The following figure depicts the proportion of survey respondents that identified themselves with health, education, parent, post secondary or other affiliations. Almost half the respondents indicated that they affiliate themselves with the education sector.

Figure 1. Survey respondents affiliation (The Symposium)



Position titles were indicated on some returned evaluation surveys. The following table lists the stated positions on returned surveys (the numbers indicated will not equal the numbers in Figure 1 as many respondents did not indicate their position).

Table 3. Respondents affiliation and stated positions

Affiliation	Positions
Health sector	Regional Health Promotion Coordinator (9) Health Promotion Leader/Coordinator (2) Coordinator Comprehensive School Health (1) Community Health (1) Executive Director (1) Medical Officer of Health (1) Physician/MD (3)
Education sector	Trustee (21) Superintendent (1) Assistant Superintendent (2) Project Coordinator (1) Central Office Administrator (1)
Parent	Alberta School Council Association representative (3)
Post secondary (University/College)	Masters Student (1) Research Coordinator (1)
Other	Manager (1) Non-government organization: Community Developer (1) Community Services Coordinator (1) Director (1)

1.1.2 How respondents rated The Symposium

The following table provides a listing of twelve statements that delegates were asked to rank in terms of “Strongly agree”, “Agree”, “Disagree”, “Strongly disagree”. There were no “Strongly Disagree” ratings. Many respondents did not rate every statement therefore the total will not equal 72 (or 100%).

Table 4. Number of respondents who rated The Symposium with respect to evaluative statements.

	Strongly agree	Agree	Disagree
1. The Symposium met my expectations for gaining practical knowledge, skills and resources for <i>comprehensive school health</i> .	39	31	2
2. The Symposium met my expectations with respect to knowledge exchange of promising practices for <i>Healthy Eating</i> and school health promotion in Alberta.	29	38	4
3. The Symposium met my expectations with respect to knowledge exchange of promising practices for <i>Physical Activity</i> and school health promotion in Alberta.	27	33	8
4. The Symposium met my expectations with respect to knowledge exchange of promising practices for <i>Social and Emotional Health</i> and school health promotion in Alberta.	19	35	14
5. The Symposium met my expectations with respect to knowledge exchange of promising practices for <i>Community Partnerships</i> and school health promotion in Alberta.	29	34	5
6. The Symposium did cover the highest priority topics for increasing knowledge and awareness about the need for explicit commitment for school health promotion.	27	40	3
7. The Symposium was effective in providing support for a regional model to support collaboration and action for school health promotion.	27	34	6
8. The Symposium offered the right amount of time for informal networking.	24	34	13
9. The Symposium met my expectations for strengthening networks and creating partnerships.	27	34	2
10. An annual Symposium should be a priority strategy for strengthening the ACHSC network and sharing knowledge.	45	19	4
11. Overall, I was pleased with the food choices at the Symposium.	48	20	4
12. I would recommend the Symposium to people interested in school health promotion.	56	16	0

Clearly, most respondents to the evaluation survey strongly agreed or agreed with statements about The Symposium. Furthermore, ratings with respect to statements that directly addressed whether The Symposium achieved desired outcomes were most favorable.

This was particularly the case with the first outcome “Increase knowledge and awareness about the need for explicit commitment for school health promotion” (and corresponding statement # 6 on Table 4) and the third outcome “Identify the extent to which there is support for a regional model within which stakeholders may collaboratively work to better support school health in their jurisdictions” (statement #7).

However, statement #4 “*The Symposium met my expectations with respect to knowledge exchange of promising practices for Social and Emotional Health and school health promotion in Alberta*” garnered 20.5% (14 of 68) disagree responses. This was different from the statements that addressed the second outcome of increasing knowledge and awareness about best practices regarding healthy eating (#2), physical activity (3#) and community partnerships (#5). A similar rating was recorded where 18.3% (13 of 71) respondents indicated that they disagreed with statement #8 “*The Symposium offered the right amount of time for informal networking.*”

1.1.3 Highlights of The Symposium

“Enthusiastic presenters sharing their passion for school and child health”

Education sector respondents

“Good” was the operative word. It was used repeatedly with respect to the information and learning about best practices, the break out regional discussion groups, the representation from all health authorities, provincial representation, sharing about projects that are happening around the Province, the venue, healthy food choices, enthusiasm of participants and finally the organization of the symposium. Trustees related that the first three presentations (Doug Gleddie, Dave Colburn and Claire LeBlanc) and the group work with respect to action plans and the sharing of ideas were key highlights.

Health sector respondents

Clearly, the main highlight was the networking and the opportunity for enhanced collaboration that The Symposium provided. It was, however, the representation of the delegates that people most appreciated, that is, meeting and discussing ideas with education colleagues, trustees, superintendents, and doctors. The regional discussion groups were soundly endorsed as a highlight and the sharing of experience around the province (in the nine regions).

1.1.4 Lowlights of The Symposium

Education sector respondents

Several delegates remarked that there was perhaps too much sitting and listening to talking heads and that the presentations could have addressed more in terms of “*how to be comprehensive?*” Further to this, one delegate recommended that organizer could “*cut down the regional sharing and more time to be in on regions discussing*”. Some stated that they want to hear back about progress –

“Wondering where we go from here? Is there any consensus about advocacy for sustainable funding provided through cross- Ministry collaboration?”

There were some comments from Trustees about the speakers not covering appropriate information (e.g., “*sounded like an advertisement*”, and “*too much sharing Alberta’s best practices*”). however these were relatively few. There were two further comments about not having enough time to get a picture of what’s happening in regional health authorities and not feeling like “*our group succeeded in developing our action plans*”. One delegate commented on the lack of student perspective at The Symposium.

Health sector respondents

A theme that was expressed by several delegates was that there was too much happening in too little time at the Symposium. For example, “*Too many initiatives were highlighted in too little detail – would have been better to limit focus*”, “*presentations were also rushed*”, “*Needed more time to hear what is happening (best of best)*”, “*wish we could have had even more time to work in our regional groups*”, and “*going thru each region in 10 minutes too short.*” Two respondents reported that they noticed the lack of communication, collaboration and trust between the health and education sectors.

“Big job, will things change significantly in my lifetime?”

1.1.5 Top priorities for moving school health promotion forward

Education sector respondents

A common priority voiced was the need for both health and education sectors to “jointly create” plans. Inter-ministerial plans were called for to support CSH through “access to a central repository of best practice resources” and “sustainable funding”.

“Sustainable funding for initiatives that have been successful. Chasing funding has always created a strain & drain of resources (both in Health and Education) and continues to be a major stumbling block! Hiring staff without knowing whether or not we will be able to maintain positions is extremely difficult in rural Alberta. It would be far better if Ministries joined forces to free-up money for both Education and Health.”

There was also a theme that while “*working together provincially*” is important initiatives need to be “*flexible to local needs*”. Several respondents identified that school boards and health regions need to take a lead in this work but cautioned “*Don’t down load on schools – give responsibility back to parents & community. Municipalities.*”

Trustees provided many comments about top priorities. However, the single most frequent priority stated was the need for better collaboration and communication on a regional level (between health and education) to plan and implement actions. Policy development was identified and healthy choices for food and education on eating habits was singled out as a key issue to address. While a common sentiment was that “*it’s everyone’s responsibility*” several respondents indicated that this work cannot be downloaded on to “*already very busy teachers*”.

Health sector respondents

By far the most comments received about top priorities for moving school health promotion forward in the province were about provincial and regional level leadership. Respondents stated that there continues to be a lack of a clear mandate and a coordinated approach from the Ministries of Education and Health.

The approach people are looking for contains elements of province-wide policies, identified outcomes, funding for sustainable initiatives (not short term and small grants) and structures to facilitate the ongoing sharing of best practices. There appears to be an eagerness for evidence-based practice particularly in light of the limited resources available. In particular, there is a call for the province to release the nutrition guidelines in order to support school nutrition policy.

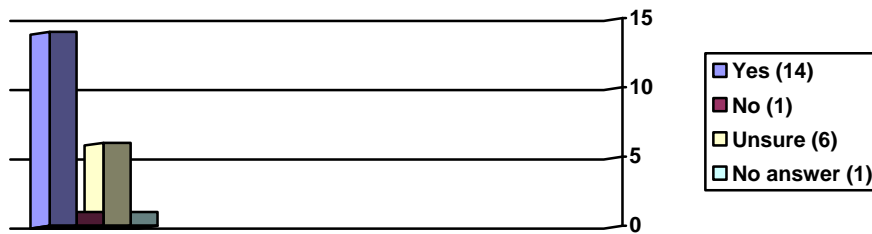
Regionally, there is a call for joint agreements between health and education to formalize communication and coordination. Improving communication between education, public health, parents, students, and physicians is seen as critical. Several respondents spoke of “*getting physicians involved will improve buy-in from all levels*”.

1.1.6 Trustees Only: Alberta School Board Association (ASBA) role in school health promotion

Two questions were posed to Trustees only on the evaluation survey. One asked Trustees to comment on whether they felt that their board would wish ASBA to devote further action to school health initiatives and the other was whether they personally felt that ASBA should devote further action to school health initiatives.

Figure 2 demonstrates that most Trustees who responded to the survey felt that their board would wish ASBA to take further action on school health initiatives. The figure is followed by selected verbatim comments.

Figure 2. Do you feel that your board would wish ASBA to devote further action to school health initiatives?



“I feel ASBA should act to educate all trustees about joint school health initiatives between health regions and school boards”

“We will need to, but I am not sure of “political will” @ Board level to do so.”

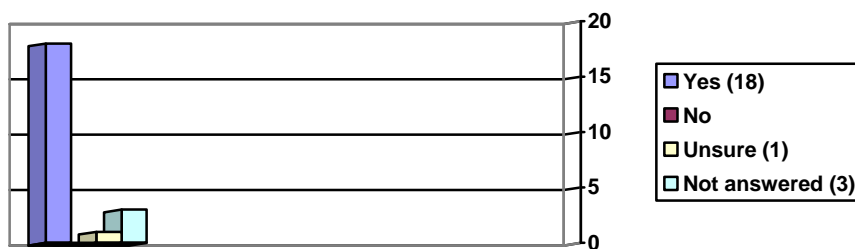
“...strategic collaboration in supporting the health of students and improving on limited school time.”

“Our financial and staff resources are stretched to the limit.”

“I know they would prefer further action come through ACHSC”

Similarly, Figure 3 indicates that the vast majorities of Trustees personally felt that ASBA should take further action on school health initiatives. Again, following the figure are examples of comments written on survey forms.

Figure 3. Do you personally feel that ASBA should devote further action to school health initiatives?



“Support to lobby Government for proper funding.”

Regions to get information out to School Boards.”

“Yes – around policy development initially and then to working with Health

“While ASBA is to be commended for partnering with ACHSC for this symposium I think either ACHSC or an independent group would be better received.”

1.2 Discussion Groups: Success and Challenges in creating healthier school environments

Discussion groups representing the nine Health Regions were formed at The Symposium and this allowed delegates to network and collaborate. The goals were to provide a venue for people to share common issues and successes and to develop at least two action plans that would promote and expand comprehensive school health (CSH) in their region. The following table synthesises key themes from the discussion groups with respect to successes and challenges.

Table 5. Themes regarding successes and challenges in creating healthier school environments

Successes		Challenges	
Most common themes	Less common themes	Most common themes	Less common themes
Nutrition policies and practices are emerging especially with respect to vending machines and cafeteria food choices.	DPA is being implemented.	Lack of collaboration between Ministries of Education and Health. Lack of provincial policies to support and guide CSH. Lack of provincial nutrition guidelines for schools. <i>"Policy is a driver for principals"</i> .	Schools are not aware of what other schools are doing to support CSH – need opportunities for knowledge sharing.
Breakfast for Learning and other school feeding programs are becoming very common.	Links with Mental Health funding programs are being established.	School divisions, children's services, and health region boundaries are not co-terminus.	Lack of funding for people in schools. Teachers <i>"plate is full."</i> Writing grant proposals and having to compete for too few available dollars.
Increased awareness among stakeholders: e.g., buy in from School Administrators and champions among some physicians.	Enhanced training in CSH.	Lack of provincial coordination. Lack of coordination between health regions.	No <i>"one size fits all"</i> approach and there is wide variety with respect to school readiness for CSH.
Some structures are in place or are coming together to support coordination and collaboration.	Funding to implement initiatives in some school districts.	Lack of champions, volunteers, and parent involvement. Lack of ability to influence <i>"what's happening at home"</i> .	Large number of students, schools and school boards and large geographical areas.
Many <i>"bottom up"</i> initiatives that target bullying, fitness, and nutrition. Many pockets of activity.		Poverty issues (especially working poor families) contribute to the focus on food programs.	Engaging First Nations people as there is <i>"tremendous disparity"</i>
		Need for networks, collaborative structures, agreements or formalized plans between schools and health regions. <i>"There is a WILL but there is a need for POLITICAL WILL"</i> .	Lack of French resources for CSH. Contracts with cafeteria and vending machine companies

1.3 Regional Action Plans

The following section presents the regional action plans (also referred to as vision statements) that each discussion group formulated. This is followed by a summary of key themes from the action plans.

Aspen Health Region

There is a mechanism in place where trustees and other players are connecting at a high level and this is called the Joint Governance Committee (including health, education, trustees, child and family services, Persons with development disabilities, etc.). It has been agreed that early intervention should be a priority with this group.

This program would be inclusive in nature and is in the development stages. Funding is available but more would be needed. Infrastructure is the major issue. This program would help to identify high risk kids as well as referrals could be made to more specified programs. Strategies to engage aboriginal communities and First Nations Schools and those facing disparities would have to be developed. This could result in a common regional policy to address healthy eating and active living for early intervention linking schools, health and families.

Calgary Health Region

Strengthen the current Calgary and Area coalition for school health (currently referred to as the Health Promoting Schools Collaborative) and broaden the membership to be more representative of our entire region through including more school jurisdictions and other relevant organizations.

Advocate from our region (Calgary Health Region) and educational jurisdictions, with other areas from the province, to the provincial government around:

- priority outcome areas for health and education
- resources
- sharing between regions, and
- issues relating to health promoting schools.

Capital Health Region

School districts policies need to be developed by central administration, approved by board and go out to the schools. Policy leads to regulation, policy leads to action, and action plans can be developed. Consultations need to be in place with stakeholders (networking). Frameworks need to be in place to get resources and health policies for school districts. Best practices for school districts so as to not reinvent the wheel.

Need action people to take charge with implementing this plan:

- need accountability for districts
- provide time frame (12 months) for policy, creating expectation for districts
- depends on where district is in terms of healthy school communities
- goals need to be succinct and will be different per region

Within 12 months each district to have a growth plan to ensure healthy school community for healthy eating and physical activity.

Create a network between local, region and provincial levels.

- “The how” can we implement the policy.
- Need to get information of how to get this on the road, need the resources. Knowledge building strategy at all levels - Include health professionals, universities, between health and education at school (local) level, regionally, provincially.
- Need collaboration of intersectoral stakeholder group at school (lead teachers, parent council) regional and provincial levels.
- Needs to be effectively filtered down to parent level - education for parents. Parents need to be integral to network

Chinook Health and Palliser Health Regions²

Common Theme – “Local Initiatives supported by Provincial Initiatives”

Health Regions to bring together key stakeholders and school representatives to address comprehensive school health issues/targets regionally. Partners are school district administrations, physicians, parents, students, at risk population, and health region representatives. Health region is neutral but a constant across the province.

Provincial website for comprehensive school health best practice (could be one that already exists) that has links to local (health region) programs and supports (as has been mentioned about Healthy U/ACHSC).

David Thompson Health Region

Sharing (coordination) of strategies, best practices, successes among school divisions. A strategic communication-sharing method to reach all target audiences to share best practices, successes among school divisions. Examples are: teacher conventions, special workshops, Zone 4 consortium videoconference, email, Zone 4 CASS and ASBA, parent councils, government sectors, and MLA’s.

Advocate for cross ministerial funding for shared and sustainable services to support school health.

Actions:

- Look at a model like Student Health Initiative Program as a positive example
- Advocate for money from one fund, accountable to one ministry but be careful that small divisions are not disadvantaged. Dedicated regular funding to support school health
- Advocacy for adequate funding and a coordinated responsive process
- Move beyond short term grants
- Dedicated and ongoing fund to sustain
- Allocate based on school division needs

² Delegates from these two health regions decided to join up discussion groups.

East Central Health Region

Create a Regional School health Team to address:

- Regional challenges/successes
- Development of healthy school policy by school boards so that champions have overarching support
- Ensuring consistency and sustainability.

Embed healthy eating and active living into projects that are currently underway.

- Pick up on healthy eating – active living (HEAL) and social environment
- Healthy kids that can learn well
- Promote ourselves to the government to target HEAL in funding grants

Northern Lights Health Region

- Promote meetings between CEO and Superintendents level.
- Develop a policy or a briefing document. Background briefing presentation to be developed to bring CSH forward.
- Commit to jointly work on: meet with superintendents/ administrators, research into school models (a model needs to be created), health to attend an administrators meeting in June to begin discussions about policy, and prepare guidelines about what each group needs to bring to the table.
- Circulate CSH presentation to boards and health officials. Health CEOs and Superintendents have a meeting to explore a concept of CSH.
- Report back as a group: recommendations and common message. Prepare a briefing note (by April 1) for Fort McMurray Catholic schools & FVSD.
- Follow up with school divisions that are not here. Establish a process/ mechanisms for engaging separate schools.

Peace Country Health Region

Develop a regional school health communication strategy to ensure communication regarding school health initiatives is timely and appropriate. This may include:

- Facilitation of meetings between key stakeholders including health region executives, public health staff, school superintendents, school boards, school administrators and staff, school councils and municipal/community youth and recreation organizations.
- Development of a comprehensive mailing distribution list that will target communication to the appropriate members of the groups noted above.
- Facilitation of increased awareness of health region website and easy access to web based information related to school health initiatives, programs and grants.
- Work with ACHSC and other regions to advocate for cross-ministerial collaboration on school health initiatives.
- Work collaboratively with health regions and school districts where boundaries overlap to ensure appropriate streamlining of services.

The table below illustrates that the action plans all contain some element of needing to create or strengthen collaborative structures between sectors to develop policy and take action on creating healthier school environments. Goals around advocacy for provincial initiatives, communication to stakeholders, and strategies around best practices in CSH were also predominate in action plans.

Table 6. Summary of key themes from action plans

Health Region	Collaborative structures for policy & action	Advocacy for provincial initiatives	Communication to stakeholders	Best Practice in CSH	Integration of CSH
Aspen	☑				☑
Calgary	☑	☑			
Capital	☑		☑	☑	
Chinook & Palliser	☑	☑		☑	
David Thompson	☑	☑	☑	☑	
East Central	☑	☑			☑
Northern Lights	☑		☑	☑	
Peace County	☑		☑		

1.4 Summary of key themes from The Symposium

- The majority of delegates who responded to the evaluation strongly agreed or agreed that The Symposium met their expectations with respect to desired outcomes of increasing knowledge and awareness about the need for explicit commitment for school health promotion and increasing knowledge and awareness about best practices.
- The evaluation results of The Symposium reveal support for a regional model within which stakeholders may collaboratively work to better support school health in their jurisdictions.
- Clearly and repeatedly delegates call for increased collaboration between health and education at every level. Inter-ministerial plans were called for to support CSH through “access to a central repository of best practice resources” and “sustainable funding”.
- Main themes with respect to success in creating healthier school environments were about the development and implementation of school nutrition policies and actions. School feeding programs such as breakfast programs were mentioned most frequently. Key challenges mirror the call for provincial policies and the need for collaborative structures.
- All action plans contain some element of creating or strengthening collaborative structures between sectors to develop policy and take action on creating healthier school environments. Goals around advocacy for provincial initiatives, communication to stakeholders, and strategies around best practices in CSH were also predominate in action plans.
- Trustees that responded to the evaluation survey were very positive about ASBA taking further action on school health initiatives.

C.2 Day Two: The Forum

Forum Outcomes

1. Increase knowledge and awareness about provincial initiatives in the school health area (i.e. daily physical activity, provincial nutrition guidelines).
2. Increase knowledge and awareness of creating supportive school environments for mental health.
3. Increase opportunities for collaboration, commitment and action in support of school health promotion.

Forum Registrants

Superintendents/Designates (8)	Health Region (19)
Physicians (2)	Agencies/Government (12)
Medical Officers of Health (1)	ATA (2)
Trustees (25)	Educators (31)
Parent Representatives (6)	U of A/Public Health Faculty (11)

2.1 Evaluation Survey

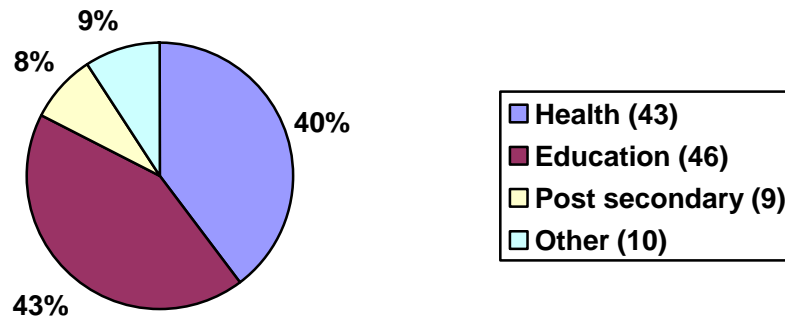
A pen and paper evaluation survey was distributed to all participants and asked the following questions: What sector do you represent? How would you rate The Forum? What are your top priorities for moving school health promotion forward in the province? Who has responsibility for doing so?

2.1.1 Response rate and delegate affiliation

There were 93 people registered for The Forum, however, the total number of delegates is unknown. This is due to the fact that some people who participated in The Symposium (on Day one) returned for The Forum and the numbers were not recorded. Therefore, one is unable to calculate the response rate for The Forum evaluation.

There were 108 evaluation surveys returned and the following figure presents delegates stated affiliation. These figures are very similar to those in Figure 1 for The Symposium with more representation from the education sector than any other.

Figure 4. Survey respondent’s affiliation (The Forum)



The following table lists the positions that respondents indicated on their evaluation surveys. The target for The Forum was frontline professionals and the list reflects this audience. For example, 12 delegates reported that they were Public Health Nurses and 13 stated they were Teachers.

Table 7. Respondents affiliation and stated position

Affiliation	Positions
Health sector	Regional Health Promotion Coordinator (6) Health Promotion Leader/Coordinator /Facilitator (5) Coordinator Comprehensive School Health (1) Community Health (1) Public Health Nurse/Community Health Nurse/ Registered Nurse/School Health Nurse (12) School Health Facilitator/Consultant (6); Dietitian (1)
Education sector	Trustee (10) Superintendent (1) Central Office Administrator (3) Principal (3) Teacher (13) Fitness Consultant (1)
Post secondary	School Health Facilitator (9)
Other	Manager (1) Coordinator (1) Community Developer (1) Parent (1) Non-government organization: Community Services Director (1)

2.1.2 How respondents rated The Forum

As per The Symposium, delegates were asked to complete a pen and paper evaluation survey. Table X below provides a list of sixteen statements that delegates were asked to rank in terms of “Strongly agree”, “Agree”, “Disagree”, “Strongly agree” with respect to The Forum.

The table indicates the total number of responses for each statement on the left of each box as well as a breakdown of how delegates from each sector rated the statements. This analysis was done to discern whether the delegates from each sector rated The Forum similarly or differently. Therefore, the first number to the right in the list represents delegates from the Health sector, next Education, followed by Post secondary and finally “Other”. Many respondents did not rate every statement therefore the total will not equal 108 (or 100%).

Table 8. Number of respondents who rated The Forum with respect to evaluative statements.

	Strongly agree		Agree		Disagree	
1. The Forum provided me with adequate information to understand the goals and objectives of yesterday's Symposium.	27	10	59	23	11	5
		15		24		2
		1		5		3
		1		7		1
2. The Forum met my expectations with respect to knowledge exchange regarding <i>the proposed actions</i> from yesterday's Symposium.	19	7	67	23	10	7
		11		28		2
		1		8		0
		0		8		1
3. The Forum was an effective interactive learning event as I did have enough opportunity to pose questions & discuss key issues with respect to the <i>action plans</i> .	36	13	61	23	11	7
		17		25		2
		3		7		Strongly 1
		3		6		1
4. The Forum was an effective event to stimulate action on forming regional school health teams.	38	18	59	19	10	6
		16		27		2
		1		7		1
		3		6		1
5. I am optimistic about the formation of a regional school health team in my jurisdiction.	32	13	65	25	8	2
		12		31		3
		4		4		1
		3		5		2
6. I now feel that there is increased commitment for school health promotion in Alberta.	48	20	56	20	2	0
		20		23		2
		3		6		0
		5		5		0
7. The Forum covered the highest priority health topics.	37	15	65	24	5	3
		17		28		1
		2		7		0
		3		6		1
8. The Forum met my expectations with respect to knowledge exchange about regarding <i>Healthy Eating</i> in schools	24	6	75	33	7	4
		14		29		3
		3		5		0
		1		8		0
9. The Forum met my expectations with respect to knowledge exchange about promising practices in <i>Physical Activity</i> in schools.	24	9	74	30	9	4
		11		30		4
		2		6		1
		2		8		0
10. The Forum met my expectations with respect to knowledge exchange about promising practices in creating positive <i>Social and Emotional Environments</i> in schools	32	14	66	24	3	1
		15		28		1
		2		7		0
		1		7		1
11. The Forum offered the right amount of time for informal networking.	33	13	61	25	14	6
		16		24		5
		2		6		1
		2		6		2
12. The Forum met my expectations for creating partnership opportunities.	26	10	63	25	13	5
		13		28		4
		1		4		3
		2		6		1
13. Overall, the Forum was valuable for creating a shared vision for moving school health promotion forward in Alberta.	45	17	59	23	2	1
		22		23		1
		2		7		0
		4		6		0
14. An annual Forum should be a priority strategy for strengthening the ACHSC network and sharing knowledge.	69	32	36	10	1	0
		26		18		1
		7		2		0
		4		6		0
15. Overall, I was pleased with the food choices at the Forum.	67	27	40	15	1	1
		31		15		0
		4		5		0
		5		5		0
16. I would recommend the ACHSC Forum to people interested in school health promotion.	72	29	35	14	0	0
		30		15		0
		6		3		0
		7		3		0

Upon review of all the statements, it appears that the health and education delegates rated The Forum quite similar. Generally, both health and education survey respondents reported that The Forum met their expectations with respect to two desired outcomes, that is, to “increase knowledge and awareness about provincial initiatives in the school health area (i.e. daily physical activity, provincial nutrition guidelines) and to “Increase knowledge and awareness of creating supportive school environments for mental health.”

With respect to the third desired outcome – to increase opportunities for collaboration, commitment and action in support of school health promotion – respondents were less favourable. While ratings were strong for statements such as those relating to feeling there is increased commitment for school health promotion (statement #6), ratings were lower for statements such as “The Forum met my expectations for creating partnership opportunities” (statement #12). Although statements #12 and #11 (*The Forum offered the right amount of time for informal networking*) and were generally highly ranked they did receive the most “disagree” responses.

The first two statements present the most divergent findings. These statements were:

The Forum provided me with adequate information to understand the goals and objectives of yesterday’s Symposium, and

The Forum met my expectations with respect to knowledge exchange regarding the proposed actions from yesterday’s Symposium.

Approximately 10% (11 and 10 respectively of 108) of respondents disagreed with the two statements. Furthermore, it should also be noted that an additional 10% of respondents did not answer the question and placed comments on the survey form such as “did not attend” and “do not have enough info”. This indicates that perhaps 20% of the delegates could not agree with these statements.

Statements # 3 and #4 -- *The Forum was an effective interactive learning event as I did have enough opportunity to pose questions & discuss key issues with respect to the action plans and The Forum was an effective event to stimulate action on forming regional school health teams* – had similar distribution of ratings as the first two statement where approximately 10% of respondents did not agree. One delegate reported the only “Strongly Disagree” rating with respect to Statement #3.

Overall the statements that received the most favourable responses were the last three (statements # 14, 15 and 16). Statement #16 “*I would recommend the ACHSC Forum to people interested in school health promotion*” garnered the highest ranking of all statements.

2.1.3 Highlights of The Forum

Education sector respondents

One comment summed up the key theme from educators regarding highlights of The Forum: *“The opportunity to engage in meaningful conversation with enthusiastic and intelligent people. Nice to connect with people who share health as a passion.”* The most commonly used words to describe the highlights were *“networking”*, *“sharing”*, and *“partnering”*. It was evident that delegates appreciated the opportunity for *“mixing of professionals in activity groups.”* The other highlight reported by respondents was Bill Gordon’s presentation on emotional and social health and school climate.

Health sector respondents

The largest number of comments with regard to highlights were about The Forum being a great opportunity to network, share ideas, and participate in group discussions and activities. It was the mix of the sectors and regions and the fact that trustees and other “high level people” attended that was most appreciated. *“Enormous potential for initiating change. Meeting people that can be supports.”*

The speakers received rave reviews: *“Good cross section of speakers,” “Knowledgeable,”* and *“Very practical, easy to implement right away ideas”*. Bill Gordon and the discussions about social emotional health was clearly a highlight for many delegates.

2.1.4 Lowlights of The Forum

Education sector respondents

There were much fewer comments about lowlights of The Forum than of highlights and no clear themes emerged. Delegates related what seemed to be individual preferences to the content (e.g., *“Some data was repetitious in nature”*, *“Could have had a little more “meat” in the morning”*, and *“Closing remarks were too long and draw out”*).

Health sector respondents

Without a doubt the main lowlight was that health care respondents felt disconnected from the process and results of Day One. Many front line workers wondered why there was a division and felt they should have been invited. People were left questioning the plan is now for the regional models discussed.

The lack of time for speakers to complete their presentations and for discussion groups to complete their activities was also pointed out. Some felt that they are *“talked out”*, for example, *“we have already had all these discussions many times about successes, challenges, solutions. Would like more presentations on action.”*

Respondents reported that the networking opportunities could have been enhanced and offered the following recommendations:

- *“Participants could have been assigned tables to enhance networking.”*
- *“Could have had more opportunities to mingle outside of table to learn and share more.”*
- *“Would have appreciated mixing up the people at the tables more.”*
- *“Because there were different people from each region here today, I would have liked to have met by region for the action plan questions.”*

Finally, there were some comments that low socioeconomic status of students and families was not covered in The Forum. One reference was to junk food being cheaper than fresh fruits and vegetable and another stated that the *“emphasis on healthy eating, physical activity, not emotional well-being or inclusion of marginalized groups or at-risk groups with systemic barriers”* was addressed.

2.1.5 Priorities for moving school health promotion forward

The priorities for The Forum delegates generally paralleled those of The Symposium delegates. Three priorities however stood out:

- Need for collaborative strategic planning at all levels (local community, school, region, and province). *“Top down and bottom up commitment to health promotion – not just lip service.”*
- Delegates are looking to the province to take a leadership role in funding school health promotion. *“The provincial government needs to take a more coordinated approach not fund piecemeal projects around the province. Why should we be competing against each other for funding?”*
- Increasing the effectiveness and consistency of communications around school health promotion *“Sharing successes – comprehensive programs that are working.”*

2.2 Summary of Discussions about Regional action plans

The following section is divided into the 6 questions asked of delegates on a pen and paper evaluation survey. The question is written verbatim followed by a summary of key themes from delegate responses.

The survey tool was given out after delegates participated in discussion groups as described as follows (see Appendix 3 for agenda):

“Each health region, through the Regional Health Promotion Coordinators (RHPCs) will share the two action plans that were determined by their day one teams, consisting of trustees, superintendents, physicians, health region representatives and parent council reps.

Discussion to follow regarding feasibility of action plans, challenges, potential positive outcomes, and next steps for front line practitioners.

Discussion about regional school health teams – who would be included and how to engage these participants. Identify champions for school health in the area of medicine, active living, nutrition, positive social environment, etc.”

Twenty-nine (29) forms were returned and of those, interestingly, one phrase was used repeatedly by many delegates when describing the regional action plans and next steps on the road to realizing CSH policies and programs. Many phrases made reference to not “reinventing the wheel” and in fact, many used those words exactly. It appears that people supported The Forum’s efforts to hear from all regions and the action plans that were created at the Symposium but there was an undeniable current that further discussion and collaboration throughout the province was needed. Most of the respondents to this evaluation survey were very articulate and knowledgeable about the field. Many wrote lengthy responses.

1. After hearing about the nine Regional Action Plans, what are your thoughts regarding the feasibility of these plans?

Many people saw similarities between the nine regional action plans and generally thought the plans were feasible. A key ingredient was seen as the broad representation of delegates and this was encouraging for commitment and collaboration to continue. However, there were many comments that provided cautious optimism:

“There are many ambitious plans – which will take time, man power, resources, patience and many steps. Time is needed to those who wish to carry this out during their work.”

“Feasible but more so at a local level first but represented at provincial levels for idea/information sharing.”

“Very lofty if there isn’t follow up to these ideas it is tough. We are at the begging stage of development so just getting people talking should be considered a success.”

“Forming of committees, policies – but vague.”

“Maybe “pie in the sky” but you have to start somewhere.”

A key theme that emerged from comments was that delegates are looking to the provincial government for substantially more support – as one delegate stated *“This is a huge job. The Province needs to support the CSH plan.”* Another delegate provided more specifics and wrote the following: *“Feasibility will increase when there is consistency across province and provincial leadership from health and education.”* Support and consistency were further described in terms of frameworks (*“need a planned and thoughtful approach”*) and permanent or sustainable resources for human resources – not grant funding.

Almost equally important was the desire of delegates to have a comprehensive *“go to”* organization that embraces both the health and education sectors. The constant message is that people want to know what is happening around the provinces so as *“prevent reinvention”*, share best practices, network to enhance communication, and join efforts for advocacy. Support for a provincial website was voiced by several delegates.

“Bringing together the diverse and powerful provincial lobby/advocacy groups with a focused, coordinated voice will lend power to requests.”

2. What do you see as potential challenges to implementing these action plans?

2.1 Funding

- Needs for inter-ministerial sustainable funding not grants
- Find resources to support CSH in schools because there are insufficient resources for implementation. and to support initiatives
- Many challenges with grants: *“how do we coordinate?”*, *“Why are schools competing against each other for \$”*, *“Why do we have to apply for grants?”*, *“Could money be allocated per jurisdiction based on population – then the jurisdiction could decide where the need is?”*

2.2 Time

- Workload and staffing issues abound.
- *“Teachers, doctors ... when do they find the time to do this or lead this?”*
- Geographical issues especially around travel time.

2.3 Systems thinking and Management support

- *“Moving past what’s always been done. Embracing change.”*
- Getting buy-in and follow through from all stakeholders. Representation most needed is hardest to get to the table.
- Systems are hierarchical and crossing boundaries is not always encouraged or practiced.
- every government body has different boundaries, goals and priorities
- School division and health region boundaries do not line up and therefore a cookie cutter approach will not work. Need *“a way to visually represent the # of boards that must interact would be very telling to MLAs.”*

2.4 Sharing knowledge, skill and resources

- There is so much going on – how can we capture and organization resources for implementing CSH.
- How do you disseminate info in regions so vast. *“We often hear about things after the fact.”*
- Accessibility to resources is lacking in rural regions and this leads to a disparity of resources across the province.
- Embedding CSH as opposed to adding on
- All partners need to have a common understanding of CSH
- Need to increase knowledge/comfort level: Teachers require inservices and resources.

2.5 Partnerships

- All partners need to buy in – *“sounds good on paper but will it actually be implemented.”*
- challenge is getting the people, partners, and representatives to the table and be engaged.
- *“Finding champions and compensating those champions”*
- Getting student buy in – promotion Getting parents buy in.

3. What do you see as potential outcomes of these action plans?

3.1 Increased collaboration and strengthened partnerships and networks

- Better service to schools
- Better continuity. More consistency
- Networking provides increased opportunities for information sharing and collaboration – which may not have existed.
- Developing partnerships to get “everyone on the same page”.

“By having an overarching group with regional teams permanent funding can be provided provincially that is then able to be dispersed regionally and used in a manner that best suits the needs of that region – will eliminate competition for grants yet ensure need appropriate resources are available.”

“Overarching organization can provide guidance and mandate and vision while, regional teams under the umbrella of the organization can

address the specific, unique needs of the region, In keeping with “blender” philosophy”

“With regions coming together we can share and learn from each other. Some groups (networks) do meet regularly – how do we communicate. Some networks already do exist – perhaps we can become more formalized. Inviting the larger groups ATA , etc we need the big bodies involved to show support and bring clout.”

3.2 Having a voice

A regional model would facilitate the establishment of a “common language” and a communication vehicle that would lead to improved communication.

“Give us a collective voice” – “Gives us a mechanism to have voices heard”

“Stronger voice (w increase meeting and collaboration)”

“Unified voice for advocacy”

“By bringing everyone together – have a stronger voice, more things forward”

3.3 Increased sharing of knowledge, skill and resources

- Enhanced community and understanding of issues around CSH
- Structure for sharing.
- Enhanced understanding of what is actually going on in terms of what decisions are being made in various sectors.
- Education needs to begin happening in all levels trustees, principals, teachers, parents, etc. Broaden base of support for school health promotion..
- Better quality programming will result when programs are being collaborative developed. More informed initiatives because of health and education providing input.
- Increase awareness of best practices
- Less *“re-inventing the wheel”* and therefore more efficient utilization of resources (time, material, people).

3.4 Strengthened public policy

- Need for health and education to interact more at a provincial level and develop new policies that have common goals among stakeholders.
- Full implementation of provincial nutrition guidelines and policies.

3.5 Increased participation

- Increased parent for greater impact
- Increased support for community involvement or *“grassroots initiatives”* for greater impact

“These people are experts in their communities and we should be finding ways to support them vs. mandate things for them.”

3.6 Improved Health and education outcomes

- Improved health of children (e.g., “*should eventually reduce obesity*”)
- Children and youth are empowered to become healthier and there is an increased value placed on lifelong learning about health and wellbeing.
- Increased self esteem.
- Healthier alert children that learn better.
- Increased attendance at school
- Impact on our health system through saving on health care costs in the long term
- Healthy environment in school boosts staff and student morale.

4. What would you see as being the next steps for front line practitioners with regards to implementing these action plans?

The responses to this question were so articulate and detailed that selected verbatim responses were grouped into themes and recorded as written:

4.1 Enhance communication

Find the champions within each region. Form broader health committees with community members, nurses, policy makers, doctors, school members, and business partners. Kids need to have a voice in all of this. Create regional task forces./teams.

Meet face to face. Start talking about it. Challenges getting people to meet regularly. Provide people with time, resources and support to collaborate and be a voice in their region and outside their region. Need to focus on concrete action plans. Building into the infrastructure a committee with accountability (school improvement).

Develop a communication plan. Develop a network that is accessible. Request improved communication from management and administration re: initiatives in the region.

More opportunities like today to discuss ideas/processes with out smaller communities/health regions. Follow up meetings. Create an email network. Dedicate local ATA- PD committee to get health and education together. Facilitate a teacher-nurse network – constant discussion. Look for community partners, bldg on other community initiatives. Create communication with parents on need for change.

4.2 Enhance knowledge, skill and resources

We need consistent messaging for front line practitioners. Create overarching organization to give guidance voice to regional teams... and to disseminate the information (common message). Ensuring the correct people received the information. Take information back to key decision makers.

Determine CSH issues from front line workers perspective. Get educated on what the best policy are process is and see that everyone is on the same page. Make the policy

fit the school population and their needs. How do you get groups together to identify priorities?

Provide and share resources. Teachers are the front line – provide resources. Resource hub (website)... A website linking all network information is needed. A best practice portal. Do professional development.

4.3 Increase advocacy

Look for commitment at ministerial level. \$, time, resources, support! Require \$\$ to support and discussion @ local level. Lobby at higher levels e.g., government to control advertising of junk food.

5. It was discussed on Day One that it would be great to have Regional School Health Teams made up of all stakeholders. What stakeholder groups would you see as being important to include in such a team?

The following is a comprehensive list of stakeholders that respondents wrote down on the evaluation survey. Parents and students were the most frequently identified stakeholders:

Provincial Government

Representatives from the Ministries of Health, Education, and Children's Services
Policy makers
Politicians

Justice

RCMP
Police

Health professionals

Physicians
Nutritionists
Fitness experts
Primary Care networks
RHA decision makers
Health Units
Alberta Medical Association
Mental Health
Dentist and Dental hygienists
School/Public/Community Health Nurses
RH promotion coordinators
Sports Med Council

Education

Teachers
Student Counsellors
School administration/support staff
Alberta School Board Association
School Trustees
Alberta Teachers Association
FNMI
Health & Physical Education Council (ATA)
ASAA

School Councils

College of Alberta School Superintendents
Student leaders

Business and industry

Chamber of Commerce
Food industry
Media
Suppliers of products/vendors

Provincial Agencies

Alberta Mental Health Board
Alberta Alcohol and Drug Abuse Commission
Alberta Cancer Board
Alberta Center for Active Living

Post secondary Institutions

Universities (Physical Education departments, teacher training, academia)
Be Fit for Life – Community Colleges

Community Agencies

Health/Wellness organizations
Day cares
Aboriginal organizations
Boys & Girls Clubs
Family Support Liaisons
Social service agencies

Municipalities

Recreation Centres
Family and Community Support Services
Town and city council members
MD/County representatives

6. How would you engage these stakeholders to participate in a Regional School Health Team?

As per responses to question 4, the responses to this question were again very detailed therefore selected verbatim responses are grouped into themes:

6.1 Strengthen leadership

- *People want to know that this is supported and will actually happen.*
- *Need for a leader who is dynamic and enthusiastic – a champion to motivate and find the people with a passion for school health promotion.*
- *Health and education champions need to make contact with key decision makers.*
- *ACHSC can facilitate and stimulate the engagement of stakeholders.*
- *Leadership is needed to influence policy.*

6.2 Increased communication and education

- *Continue with ACHSC Symposiums and maintain the format of lots of discussion opportunities.*
- *Maintain a provincial website.*
- *Create communication opportunities e.g., email list, on-line monitored discussion forum, chat line, newsletters, district wide professional development days with Regional Consortia, etc.*
- *Raise awareness with consistent messaging.*
- *Educate on problems and issues.*
- *Use media to promote the positive and great things already happening.*

6.3 Increased resources

- *Provide time (compensation, salaries), incentives, resources and support to positions devoted to the cause.*
- *Have public health person in each school to promote overall health (not just immunization).*

6.4 Enhanced participation and partnerships

- *Being a part of the school health team will allow stakeholders to have their voice heard*
- *Personal invitation to meetings to discuss with the opportunity to voice opinions.*
- *Give partners “homework ahead of time” in order to facilitate greater knowledge of agenda(s) and expectations of participation.*
- *Provide summary of action plans and info from this Symposium and send as an invitation to other potential groups to participate in discussion.*
- *Create partnerships by increasing opportunities for networking.*
- *Get the CSH agenda to existing groups or partnerships*
- *Develop well defined projects*
- *Keep it simple – not too cumbersome*
- *Promote benefits – both short and long term.*

2.3 Summary of key themes of The Forum

- The vast majority of delegates rated The Forum favourably in terms of meeting their expectations to increase their knowledge and awareness about provincial initiatives and to increase their knowledge and awareness of creating supportive school environments for mental health. Delegates were less positive about The Forum's ability to increase collaboration, commitment and action.
- Three priorities for action were: Increased collaborative strategic planning at all levels (local community, school, region, and province); stronger provincial leadership role in funding school health promotion; and increased communications around school health promotion.
- There is cautious optimism about the feasibility of action plans created by Symposium participants. The key challenges to implementing the actions plans were: funding; time; systems thinking and management support; knowledge, skill and resources; and partnership development.
- The potential outcomes for action plans were: increased collaboration, partnerships and networks; having a voice; increased sharing of knowledge, skill and resources; strengthened public policy, increased participation; and improved health and education outcomes.
- The next steps for front line practitioners were clearly and articulately laid out and they include: enhancing communication; enhancing knowledge, skill and resources; and increasing advocacy for school health promotion.
- A comprehensive list of potential stakeholders was reported by delegates that included all sectors of the community. Delegates indicated that engaging stakeholders in the work of school health promotion will require: strengthened leadership; increased communication and education; increased resources; and enhanced participation and partnerships.

D. Recommendations

1. Provincial leadership and coordination is needed to support comprehensive school health (CSH) at the local and regional level specifically with respect to guidelines (e.g., food and nutrition), access to best practices knowledge, and network development.
2. Provincial funding support is needed in the form of time and salaries for people to facilitate CSH at the local school community level.
3. Regional School Health Action Teams need to be created and/or sustained in order to effectively:
 - advocate for the adoption of CSH approaches in every school in Alberta,
 - share knowledge as to best practice, and
 - further develop and implement Regional Action Plans.
4. Communication vehicles are needed to support interaction among front line people to learn about what works and what does not in comprehensive school health.
5. There is a need to coordinate high quality information (e.g., database) as to what programs are in what schools in order to strengthen the planning, implementation and evaluation of school health promotion initiatives.
6. ACHSC needs to continue to provide educational opportunities (such as the Symposium and Forum) to increase knowledge and skill about how to plan, implement and evaluate CSH.

Appendix 1: Letter of Invitation

Feb. 25, 2008

On March 19 and 20, 2008, The Alberta Coalition for Healthy School Communities (ACHSC) and the Alberta School Board Association of Alberta (ASBA) are pleased to host a school health symposium. This unprecedented event, entitled “The Time is Now: Taking Action on School Health”, will take place at the Best Western Hotel, located at 2100 Premier Way, in Sherwood Park. Sherwood Park is a satellite community about 10 miles east of Edmonton.

Both ACHSC and ASBA believe that the health of children is an issue of growing urgency. It is time for school boards and the health community to come together to discuss this issue and find collaborative solutions that will move school health forward. The objective of the symposium will be to create a better understanding of the issue of children’s health in the school environment, increase awareness of best practices around the province, and engage in meaningful discussion on how we can create better practices in the support school health. Awareness, commitment and action are the desired outcomes.

Invited guests to day one will include trustees and superintendents from all 62 school boards in the province, Regional Health Promotion Coordinators from all 9 health care regions in the province, health region representatives, and physicians and parent council representatives from across the province. Day two, optional for day one attendees, will see invitations extended to front line practitioners in school health, including directors of curriculum and physical education and health consultants from each school district, teachers responsible for school health in a district, school health facilitators and nurses from the regional health authorities, the Curriculum Manager for Alberta Education and representatives from Alberta Health and Wellness.

There is no registration fee for this symposium and travel allowances will be available. Registration is available as of Tuesday February 19th by visiting um.

Hotel accommodations are available at the Best Western Hotel at 2100 Premier Way, Sherwood Park, Alberta, T8H 2G4, Canada by calling (780)464-4900 or toll-free at 1-866-564-4780. The hotel has reserved a block of rooms for both Tuesday March 18th and Wednesday March 19th at a rate of \$119 per night, under the reservation name “ACHSC”. This room rate will be available until February 28th and after this the price will be \$164 per night. So book early! Government rates of \$129 per night are also available.

We urge health representatives to mark their calendars. Together, collaboratively with the education sector, it is time to move children’s health to center stage. We believe it is easier to build healthy kids than it is to fix unhealthy adults.

Sincerely,

Pamela Boyson (780) 679-2701, Pamela.boyson@ech.ab.ca
Dave Colburn (780-964-9252, davecolb@yahoo.com)
Co-chairs - Alberta Coalition for Healthy School Communities (ACHSC)

Appendix 2: The Symposium Agenda

THE TIME IS NOW: Taking Action on School Health

Day One: The Symposium

- 8:00 a.m.: Registration
- 8:45 a.m. Greetings and Welcome: Pamela Boyson, Co-chair Alberta Coalition for Healthy School Communities (ACHSC)
- 8:55 a.m. Greetings from Heather Welwood, President, Alberta School Boards Association (ASBA)
- 9:00 a.m. **What is Comprehensive School Health (CSH)?** Doug Gleddie, Ever Active Schools
- 9:20 a.m. **SCHOOL HEALTH: One Trustee's Journey**
Dave Colburn, Trustee, Edmonton Public School Board (EPSB)
- WHAT'S UP DOC? Getting Involved in School Health and Wellness: a Pediatrician's Perspective**
Claire LeBlanc, MD FRCPC, Dip Sport Medicine
- 10:00 a.m. Audience Q & A
- 10:15 a.m. NUTRITION BREAK Tracy Lockwood, Schools Come Alive
- 10:35 a.m. **The Best of the Best:** A sharing of Alberta's best practices in CSH
- Healthy Eating
 - Physical Activity
 - School Climate (Social/Emotional Health)
 - Community Partnerships
- 12:35 p.m. LUNCH PROVIDED/NETWORKING/WALK
- 1:20 p.m. AFTERNOON AGENDA: Pamela Boyson
- SHARING OUR SUCCESSES AND VISIONS FOR THE FUTURE**
- Focus groups representing the nine Health Regions of Alberta will be formed allowing parents, educators, trustees, doctors and regional health personnel to network and collaborate.
- The goals:
1. To share common issues and successes.
 2. To develop at least two action plans that will, in the coming year, promote and expand CSH in their region.
- 3:10 p.m. REPORTING
A representative of each of the nine regional discussion groups will share their region's major action plans.
- 4:00 p.m. COMPLETION OF SYMPOSIUM EVALUATIONS/ CLOSING REMARKS

Appendix 3: The Forum Agenda

THE TIME IS NOW: Taking Action on School Health

Day Two: The Forum

- 8:00 a.m. Registration
- 8:45 a.m. Greetings and Welcome: Pamela Boyson and Dave Colburn, Co-chairs of the Alberta Coalition for Healthy School Communities (ACHSC)
- 9:15 a.m. **Sharing of Successes and Visions for the Future - Regional Action Plans:**
Each health region, through the Regional Health Promotion Coordinators (RHPCs) will share the two action plans that were determined by their day one teams, consisting of trustees, superintendents, physicians, health region representatives and parent council reps.
- Discussion to follow regarding the feasibility of action plans, challenges, potential positive outcomes, and next steps for front line practitioners.
- Discussion about regional school health teams – who would be included and how to engage these participants. Identify champions for school health in the area of medicine, active living, nutrition, positive social environments, etc.
- 10:30 a.m. NUTRITION BREAK Tracy Lockwood, Schools Come Alive (SCA)
- 10: 50 a.m. **Alberta Healthy School Community Wellness Fund – Rachel Rose, Project Coordinator**
An overview of trends, types of projects funded, support that can be provided in grant writing, etc.
- The following three sessions will be comprised of a 20 minute presentation followed by 40 minutes of table discussion.
- 11:10 a.m. **Healthy Eating in Schools – speaker TBA**
A discussion of the Alberta nutrition guidelines, implementation strategies – challenges/barriers that may happen; successes already happening; supports needed for implementation.
- 12:10 p.m. LUNCH PROVIDED/NETWORKING/WALK
- 12:55 p.m. Afternoon Agenda: Pamela Boyson
- 1:00 p.m. **Physical Activity in Schools – speaker TBA**
A discussion of the Daily Physical Activity (DPA) and physical education initiatives, and supports available for physical activity in schools.
- 2:00 p.m. **Positive Social Emotion Environments in Schools (Mental Health) – Bill Gordon**
A discussion of the “human climate” of schools: communication networks, supports, levels of trust and acceptance, moments of play and humour, respect, parent/student/educator partnerships, etc.
- 3:30 p.m. Completion of Forum Evaluation
- Closing Remarks