



alberta healthy school
Wellness

community
fund

INTERIM REPORT | 2010
Project Reporting Results

Acknowledgments

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Executive Summary

This report begins with an overview of 102 projects funded since the inception of the Wellness Fund in 2007. Both financial growth and reach within Albertan school communities is described. A grant from Alberta Education enabled a more detailed examination of data collected from Wellness Fund projects funded during the 2009/10 reporting year as well as supported additional projects during 2010/11. Results from 2009/10 pertain to 61 projects that span 395 schools and 139,781 students ranging from kindergarten to grade twelve. The results of projects funded in 2010/11 will be collected by July 2011 and included in a subsequent final report.

Several elements needed for the development and/or maintenance of a healthy school community were identified from project responses with collaboration, health champions/leaders and dedicated time as the three most often highlighted. When projects were asked about activities implemented, 139 healthy eating activities; 125 active living activities and 68 positive social environment activities were described with 37 projects having at least one program activity in all three areas.

There were 23 projects that were developing or had fully implemented healthy school or wellness-related policies during the 2009/10 reporting year and 42% of projects stating that policy was being considered for the future. Lack of support for policy or resistance to change was the most commonly cited barrier to policy development and implementation.

Surveys or questionnaires were most commonly used to gather information however assistance with evaluation tool development and design was the type of evaluation support most in need by projects. Evaluation activities were sometimes used to determine project effects on students and staff. Quantitative analyses show increased student participation and enthusiasm for healthy eating, active living and positive social environment-related activities and increased staff knowledge and awareness of healthy habits amongst other effects. Qualitative analyses support these results. The creation of momentum for healthy school communities development and a healthy school culture were two prominent themes also identified in project responses.

Twenty-two out of 61 projects reported that their initiative was entirely sustainable with improvements to the physical environment (e.g. equipment, teacher resources) most commonly described as a resource to ensure sustainability. Projects that considered their work to be not entirely sustainable mentioned staff engagement and the implementation of programs or activities as common aspects difficult to sustain.

Monies granted to these 61 Wellness Fund projects amounted to \$1,449,247. Project leads were asked to report any additional funding they received for their project as well as any in-kind and volunteer contributions made. They reported an estimated \$2,722,961 in leveraged funds and leveraged dollar-equivalents. This equated to an average of almost two dollars raised for every one dollar granted by the Wellness Fund. Overall, a project's total worth translated to an average of \$38.13 spent per student for the implementation of a district level project and \$94.27 spent per student for the implementation of a school level project. When project leads were asked about lessons they had learned, the need for funding and support to enable a focus on healthier practices was a commonly discussed theme.

The final Reporting & Reflection Tool question for the 2009/10 reporting year asked project leads if they had any general comments they would like the Wellness Fund to be aware of. The most common answer given by projects who commented was a resounding "Thank you!"

Growth and Worth from 2007 - 2010

Leveraged Support from Funding

After three years of project work, the Wellness Fund received 470 applications for funding and approved 102 projects (see Figure 1) of which 11 were funded by Alberta Education. In total \$2,756,278 was provided to 102 school communities across Alberta. From this, projects leveraged \$3,379,308 through in-kind contributions and additional sources of funding. In-kind contributions include a total of 57,971 volunteer hours with an estimated value of \$880,520. These funds contribute to the Wellness Fund's current value of \$6,135,586. The pie graph (Figure 2) depicts a breakdown of funds granted and funds leveraged over the past three years.

FIGURE 1. Applications and approvals by operating year

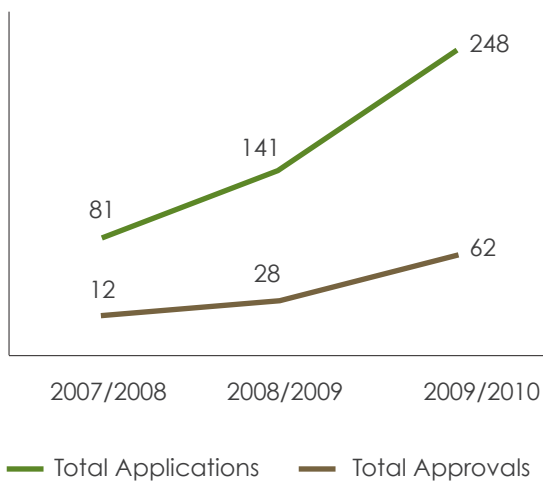
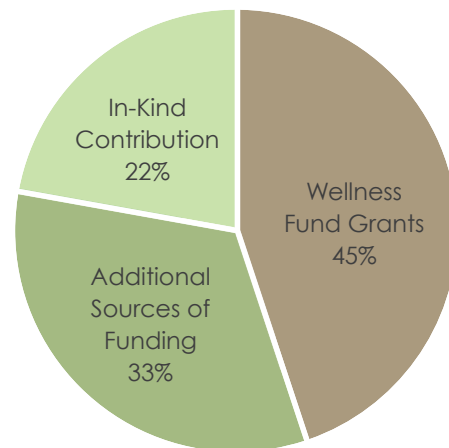


FIGURE 2. Funds granted and leveraged from 2007 to 2010

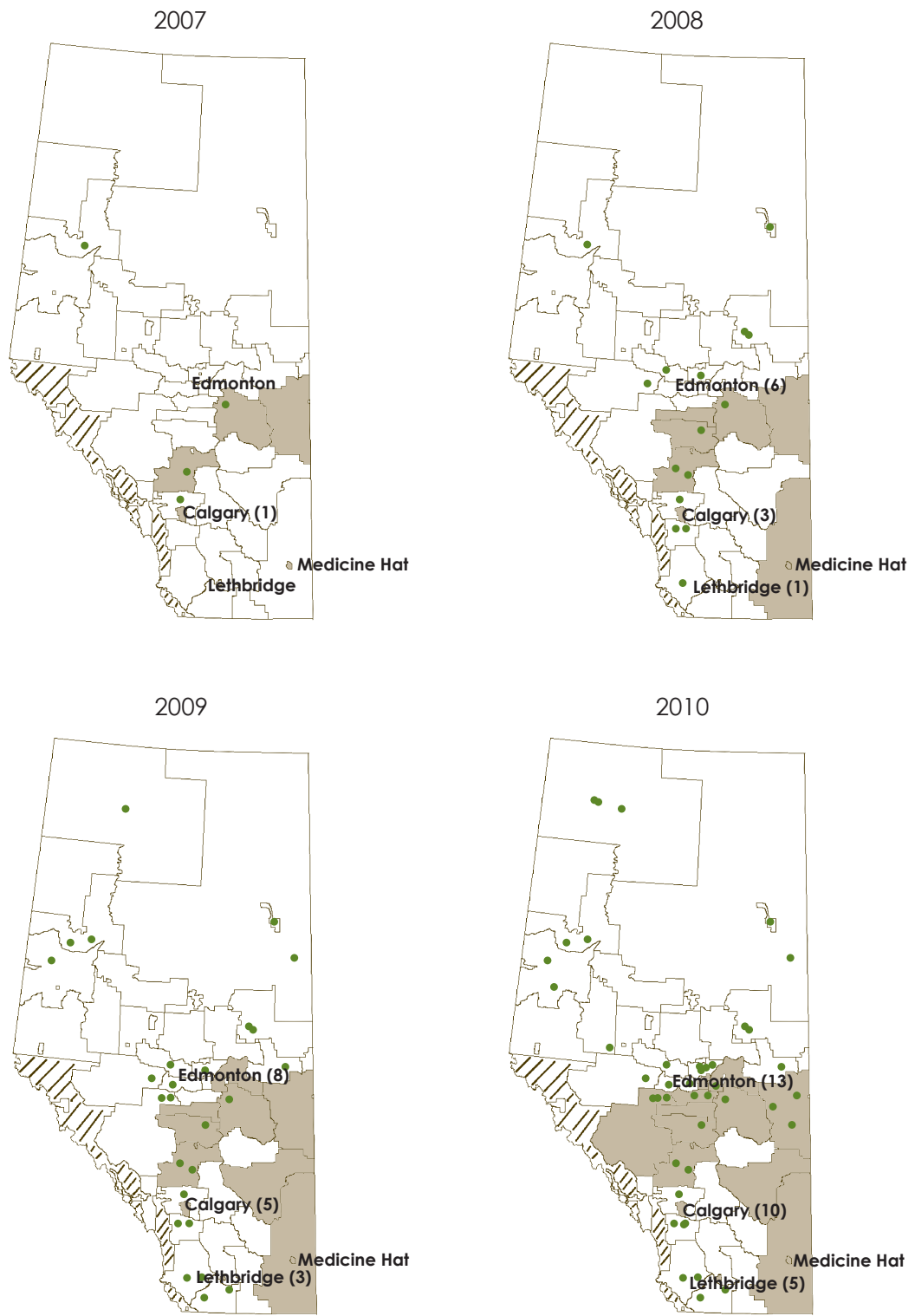


Wellness Fund Reach

Since 2007, there have been a total of 23 Wellness Fund projects operating at the district level and 73 Wellness Fund projects operating at the school level that have reached a total of 201,309 students in 605 school communities. The Wellness Fund has also funded three agency-based projects reaching children and families in school communities and one media-focused project. The remaining two projects approved were ended prematurely and are thus, not included in this report. The maps in Figure 3 show the growth and reach of the Wellness Fund in Albertan districts and schools from 2007 to 2010.

FIGURE 3. Wellness Fund project locations by year

LEGEND District level project School level project



2009/2010 Results

The following results are based upon data that were collected in June 2010 using the Wellness Fund's online Reporting & Reflection Tool. These data encompass project work for 18 district level, 41 school level and two agency projects, totaling 61 projects. Analysis of this data was made possible through funding from Alberta Education.

In the 2009/10 reporting year 395 schools were involved in Wellness Fund projects reaching 139,781 students ranging from kindergarten to grade twelve. The 18 district projects encompassed 358 schools (average per district project = 19.89) and 124,871 students (average per district project = 6,937.28). The 41 school level projects reached 60 schools (average per school project = 1.46) and 24,400 students (average per school project = 595.12). Between district and school level projects some overlap does exist and the total number of schools and students listed takes this overlap into account.

Project Planning

DETERMINING PROJECT OBJECTIVES

Projects were asked how their objectives were determined. A variety of methods were reported with 47 projects citing at least one method. A summary of methods used is provided in Table 1 with the complete breakdown in Appendix A. Responses sum to more than the number of projects as multiple responses could be given by each project; this phenomenon is encountered in most tables in this report unless mentioned otherwise.

TABLE 1. Methods Used by Projects to Determine Overarching Objectives (responding projects = 54)

Method	Frequency of Response	% of Responses
Surveys (Undefined)	14	16.7%
Healthy School Planner Tool	10	11.9%
Focus groups/committees	7	8.3%
Feedback	6	7.1%
Accountability Pillars	6	7.1%
HATS (Healthy Assessment Tool for Schools)	5	5.9%
Comprehensive school health guidelines	5	5.9%
Literature Review	4	4.7%
[Additional planning methods listed in Appendix A]	-	-
Total	84	100%

“We have had focus groups where students and staff are asking for student voice to be heard - particularly those who are not part of the usual school activities. Providing spaces and time for students to be cared for and listened to in creating a caring school culture is a priority.” - Lead Teacher

ELEMENTS TO SUPPORT THE DEVELOPMENT OF HEALTHY SCHOOL COMMUNITIES

A qualitative analysis of an open-ended Reporting & Reflection Tool question produced seven prominent themes that convey what projects feel are elements needed for the development and/or maintenance of a healthy school community. Each element below (bold highlight) is accompanied by a description of the theme's meaning and an illustrative quote.

Collaboration

Success/change towards the development of a healthy school community is facilitated by collaboration amongst stakeholders that represent different roles. "Collaboration" was also represented as "teamwork" and was most often discussed in the context of a committee. Members included teachers, staff, school administration/schools, parents/families, students, community members, partners, health experts, Board of Trustees, and school districts.

"Our key lesson learned is that in order to be successful you must include all stakeholders, accepting their concerns, differences and opinions. If you can achieve this you can achieve great things for your school community. ...changes cannot be made by dictating, they can only be achieved by collaborating."
- Principal

Health champion(s)/leader(s)

Health champion(s)/leader(s) provide support/guidance that is instrumental for the planning and implementation of the project.

"Finally I would like to mention that [name omitted] has been invaluable to us. She has done an extraordinary job of helping give our group direction and supported us well beyond expectation to ensure the success of our programs." - Lead Teacher

Dedicated time

Changing a school community to one that embraces a healthy culture requires dedicated time.

"Changing a school community towards a healthier awareness takes time. It is important to build awareness with staff to ensure they are on side ... A longer time frame to implement and build awareness with students will see more lasting results." - Principal

Support/Funding

Support/funding is needed for the school community to focus on implementing healthier practices. Support/funding has allowed for a focus on developing a healthy school community. Although the latter association does not confirm the necessity of funding, it does suggest it as a contributing factor for the development of a healthy school community.

Support/funding is needed:

"...the important factor with all this Wellness Fund stuff is that it exists. Schools need the support or else change would simply not occur."
- Vice Principal

Support/funding allows for development of a healthy school community:

"[District level project] has given our students and staff an opportunity to take advantage of team oriented events while being active... This funding has provided us the opportunity to jump-start this program and seek other resources that may support our student learning." - Lead Teacher

Student voice/input

Encouraging student input and ownership in program planning and implementation is integral to the acceptance of change to healthier practices.

Staff education/awareness

Staff training/building staff awareness about how to make healthy choices facilitates the development of a healthy school community.

School Administration/Board buy-in

Support from the administration/board is critical for the development of a healthy school community.

“Many lessons have been learned throughout the implementation of this project...The most significant lesson learned was the affirmation of the need to involve students. Their energy and willingness to take a new idea and ‘run with it’ was integral to the success of the project.”

- Lead Teacher

“When all staff are more aware of the need to address their own health, they transfer their knowledge, passion and energy to the students and parents. It benefits the entire school community, and in this case, an entire school district...” - Assistant Superintendent

“Having set time provided for by administration ...was an asset. Being able to have time in the teaching schedule to meet with the student action team was also a benefit and will allow for continued success.” - Lead Teacher

Project Implementation

FOCUS OF PROJECTS

Funding for a Wellness Fund project is awarded with the understanding that a project team will focus on at least one of the Wellness Fund's three priority areas; healthy eating, active living or positive social environments. Projects focused on these areas through the implementation of a wide variety of activities, programs, and/or services. Project focus is captured in Figure 4.

FIGURE 4. Project Focus Based on Project Activities Implemented



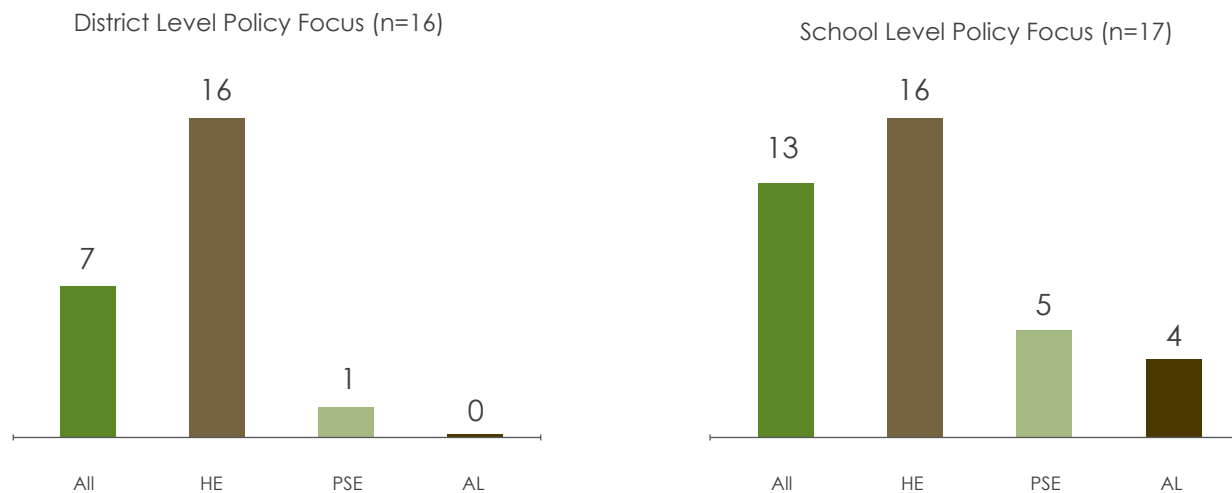
There were 139 healthy eating activities captured quantitatively within the data set. These activities were created by 55 projects. Of these activities, 55 also impacted active living and/or positive social environments within the school community. There were 125 active living activities listed by 52 projects with 40 impacting healthy eating and/or positive social environments. A total of 68 positive social environment activities were created by 43 projects. Twenty-eight of these activities impacted active living and/or healthy eating. Here we see that healthy eating activities were most common with active living and positive social environments activities following respectively. This trend was also found in the qualitative analysis; when projects were asked to highlight their main successes many discussed project activities with healthy eating activities being most common and active living and positive social environments following respectively.

When a focus on healthy eating was taken, the most impactful activities reported were changing lunch, concession, vending and/or special event items to healthier food choices. In some cases, projects made use of the Alberta Nutrition Guidelines and/or an Alberta Health Services dietitian to guide these choices. The most impactful active living activities included the purchase of Daily Physical Activity (DPA) bins or other active living-oriented equipment, offering Be Fit for Life sessions and holding Positive Playgrounds' "Funshops". To enhance positive social environments, the most common activities were professional development opportunities for teachers (for example, building capacity for use of the Fourth R, a relationship based curriculum), implementation of the Positive Playgrounds program and student leadership opportunities such as being a member of a school wellness committee. These most impactful activities were also reflected in open-ended responses when projects were asked to highlight their main successes.

POLICIES AND PRACTICES

Some Wellness Fund projects created healthy school or wellness-related policy to increase the likelihood that changes in practice towards a healthy school environment are sustained. In the 2009/10 reporting year 16 of 18 district level projects (88.89%) and 17 out of 41 school level projects (41.46%) were developing or had fully implemented policy. The bar graphs below (Figure 5) depict the frequency of policy focus on healthy eating (HE), active living (AL), positive social environments (PSE) or all three (All). Although agency-based projects are not represented in Figure 5, one of these two projects did develop healthy eating and active living guidelines with minimum standards.

FIGURE 5. Focus of policy by district or school level project



Projects were required to report stakeholder involvement in the development and/or implementation of each policy listed. Examples of stakeholders were provided to projects and included students, teachers, staff, parents/ family, community members, etc. When looking at the frequency of responses between school and district level projects, both relied most often on their own respective staff or administration (district level = 13.8% and school level = 23.3% of responses). District level and school level projects relied similarly on parents (district level = 9.9% and school level = 10% of responses) and steering committee members (district level = 6.6% and school level = 6.0% of responses) but the similarities end there. Notably, students encompassed 16% of responses at the school level and only 3.9% of responses at the district level. For a complete breakdown of stakeholders involved in developing and implementing policy at the district and school level please see appendix A.

Projects were also asked what barriers they encountered whilst trying to develop or implement policy (Table 3). Data on barriers encountered were not collected for the two agency projects. The full table can be found in Appendix A. For this and many subsequent tables, results are split into district and school categories in order to facilitate comparison.

“Working at the district level we have seen significant changes. The largest of these is the regulation for Healthy food and beverages served in the district.” - Health and Physical Education Consultant

TABLE 2. Barriers to Developing and Implementing Policy Encountered by Projects

(responding projects: district level = 16, school level = 17)

Barrier to Developing/Implementing Policy	Frequency of Response	% of Responses
Lack of support/resistance to change	15	
District	7	21.2%
School	8	21.6%
Compliance/engagement	6	
District	2	6.1%
School	4	10.8%
Food providers (i.e. contracts, resistance)	6	
District	3	9.1%
School	3	8.0%
Revenue concerns	4	
District	2	6.1%
School	2	5.4%
Changing practice and culture/traditions	4	
District	2	6.1%
School	2	5.4%
Communication between involved members and school community	4	
District	4	12.1%
Financial commitment/cost	4	
School	4	10.8%
Time	3	
District	2	6.1%
School	1	2.7%
Dissemination of information/Linking wellness to better learning outcomes	3	
District	2	6.1%
School	1	2.7%
Parent expectations/lack of awareness	3	
District	1	3.0%
School	2	5.4%
Space/existing infrastructure restrictions	3	
District	1	3.0%
School	2	5.4%
[Additional barriers listed in appendix A]	-	-
Total	70	100%
District	33	100%
School	37	100%

“The support and commitment of the Board of Trustees was key to establishing healthy school communities, as it set this goal as one of its priorities for the Districts. As such, schools were required to address this priority in their annual education plans.” - Assistant Superintendent

The remaining 26 projects (2 district level, 23 school level and 1 agency project) that were not developing policy or had not implemented any policies were asked to provide reasons for not doing so. Responses are listed in Table 3 below. Most notably, of the 26 school and district level projects that were not developing or had not implemented any policies, 11 were starting to develop a policy or considering policy changes for the future (42.31%).

TABLE 3. Reasons Given by Projects for NOT Developing or Implementing Policy

(responding projects: district level = 2, school level = 23, agency = 1)

Reason Given by Project	Frequency of Responses	% of Responses
Policy is still in the developing stage/being considered for future	11	42.1%
District	1	50.0%
School	10	43.5%
Policy development was not the focus of the project	10	38.5%
District	1	50.0%
School	9	39.1%
Not enough project time	2*	7.7%
School	1	4.3%
Policy deemed not necessary		
School	1	4.3%
New/rotating staff and administration		
School	1	4.3%
Stakeholders do not have enough time		
School	1	4.3%
Total	26*	100%
District	2	100%
School	23	100%

*Includes 1 agency project

METHODS USED FOR GATHERING INFORMATION

Projects were asked to share the methods used to determine the progress and impact of their work. One component of this question asked for the methods used to gather information for evaluation. Projects were provided with examples of information gathering methods such as observations, debriefs, meeting minutes, pre and post surveys, tracking participation rates/ completion rates/response rates, checklists, questionnaires with scaled questions, focus groups, interviews with key stakeholders, etc. Methods used are listed in Table 4.

TABLE 4. Methods Used by Projects to Gather Information on the Effects of Project Activities
(responding projects =61)

Method Used for Gathering Information	Frequency of Response	% of Responses
Survey/Questionnaire	48	18.8%
Observation	39	15.2%
Feedback/debrief	21	8.2%
Attendance records/participation rates	20	7.8%
Interviews/verbal questioning	19	7.4%
Meetings/focus groups/group discussion	16	6.3%
Usage tracking (frequency of use)/usage monitoring/usage by cost tracking	11	4.3%
Post survey/post evaluation/exit survey/workshop evaluation	9	3.5%
School action plan/implementation/work plan implementation	8	3.1%
Activity checklist/activity tracking/tracking number of activities occurring/types of activities occurring	7	2.7%
[Additional methods are listed in Appendix A]	-	-
Total	243	100%

Only nineteen (31.15%) projects spent a portion of their Wellness Fund budget on evaluation and the dissemination of evaluation results (14 school level (34.14%), 4 district level (22.2%) and one agency project). It would appear that additional support with evaluation is needed as only 6 projects felt that they did not need any support with evaluation. Table 5 captures the different types of support needed by projects.

TABLE 5. Evaluation Support Most Needed by Projects

(responding projects =51)

Evaluation Support Needed	Frequency of Response	% of Responses
Tool development/design	16	15.1%
Planning an evaluation strategy/evaluation planning	13	12.3%
Not enough time	12	11.3%
Interpretation of results	10	9.4%
Collation of results	7	6.6%
We don't need any support with evaluation/XYZ worked well for us as part of our evaluation practices	6	5.7%
Information/data collection	5	4.7%
We would like a premade survey to use/help finding appropriate evaluation tools	4	3.8%
Difficulty getting teachers to do the surveys/paperwork associated with evaluation	4	3.8%
[Confusion between Wellness Fund Reporting & Reflection Tool and evaluation strategies within their project]	2	1.9%
[Additional evaluation supports are listed in Appendix A]	-	-
Total	106	100%

Project Effects

QUANTITATIVE FINDINGS

Projects were asked to report any behaviour change recorded in relation to the healthy eating, active living and positive social environment activities they felt had the most impact on the school community. The changes in behaviour listed in tables 6, 7 and 8 were determined through measurement, tracking, observation or consultation. Although these tables are abbreviated, complete responses are included in Appendix A.

TABLE 6. Behaviour Change Reported in Relation to Healthy Eating Activities

(responding projects =43)

Behaviour Change Reported	Frequency of Response	% of Responses
Increase in healthy eating consumption/enthusiasm by students	47	31.3%
Students have an increased awareness/knowledge of healthy eating options/practices	25	16.7%
Increase in healthy eating awareness/knowledge by staff	10	6.7%
Increase in positive interactions/school spirit/unity amongst students	9	6.0%
[Not enough time to determine healthy eating behavioural effects of project]	9	6.0%
Students have an increased appreciation for/awareness of food making processes	8	5.3%
Increase in healthy eating consumption/enthusiasm by staff	6	4.0%
Students have a better understanding of the origins/cultivation of food	6	4.0%
Decrease in discipline issues/Better behaviour/focus	5	3.3%
Parents healthy eating knowledge/awareness increased	5	3.3%
[Additional reported changes in behaviour are listed in Appendix A]	-	-
Total	150	100%

“By role modeling and educating the students on the benefits of eating and drinking healthier and the effects it has on their ability to perform physical activities, students began choosing healthier options; water not soft drinks during periods of physical activity.”

- Principal

TABLE 7. Behaviour Change Reported in Relation to Active Living Activities
(responding projects =48)

Behaviour Change Reported	Frequency of Response	% of Responses
Student participation/enthusiasm in active living activities increased	72	40.9%
Increased teamwork/unity/school pride/positive social interactions	22	12.5%
Staff participation/enthusiasm in active living activities increased	18	10.2%
Staff knowledge of active living increased	10	5.7%
Less disciplinary actions/better student behaviour	9	5.1%
[Not enough time to determine active living behavioural effects of project]	6	3.4%
Staff/students have increased awareness of active living activities/resources	5	2.8%
[Additional reported changes in behaviour are listed in Appendix A]	-	-
Total	176	100%

“Students who typically are not engaged in physical activity are now active, enjoying school and are motivated to learn.” - Lead Teacher

TABLE 8. Behaviour Change Reported in Relation to Positive Social Environment Activities

(responding projects =35)

Behaviour Change Reported	Frequency of Response	% of Responses
Students showed increased participation/enthusiasm for positive social environment-related events/clubs/activities	18	22.0%
Improved social behaviour/respect/interactions between students	12	14.6%
Increase in staff wellness/positive social environment-related activity participation/awareness	8	9.8%
Decrease in disciplinary actions/better student behaviour	7	8.5%
Students have increased knowledge/awareness of positive social environments	5	6.1%
Increased school spirit/community	4	4.9%
School community members/parents showed increased focus/awareness of positive social environments	4	4.9%
Students showed increased leadership abilities	4	4.9%
Increased mental wellbeing in students	4	4.9%
[Additional reported changes in behaviour are listed in Appendix A]	-	-
Total	82	100%

“Students eat and participate in events with their ‘Family Grouping’ which has resulted in a calmer lunchroom and multi-age groupings and friendships.” - Lead Teacher

QUALITATIVE FINDINGS

Effects on Students and Staff

The following themes support the quantitative effects on staff and students listed in tables 6, 7 and 8. These themes capture project leads' reports of behaviours exhibited, increased awareness, knowledge and skill development and engagement.

Student skills/knowledge are/is being developed in relation to healthy eating, active living and positive social environments.

"During the lunch hour students are focusing on different aspects of healthy eating. For example, they have learned the main food groups" - Lead Teacher

"All staff and students work together each day and during school events while understanding the benefits behind healthy food choices and physical activity." - Lead Teacher

"The students involved in the project ... spent valuable time developing character skills." - Lead Teacher

Students are excited/really enjoying the project-related activities

"Student appreciation and excitement for the changes made to our playground was so positive and speaks highly of the success and benefits of this project." - Principal

Students are taking ownership of/embracing healthier lifestyle choices

"What we found instead, was a small core group of students that attended on a regular basis, and we feel that we made large gains with a number of those students. As an example, we had a handful of students stop smoking in the interest of improving their health." - Principal

Students are more active/participating more in active living activities

"Students who typically are not engaged in physical activity are now active, enjoying school and are motivated to learn." - Lead Teacher

Students are engaging in more positive social behaviours/relationships

"The Positive Playgrounds Program ... has had an amazing, positive impact on our staff, students, and a number of our parents... Almost every child plays with another student at recess, and most play in groups of more than two..." - Principal

Student leadership/mentorship skills are being exhibited

"From watching meek and marginalized students adopt a leadership role in RespectedED training, to cheering on the school softball team as they earned their first league victory, we have seen youth in this community stand up and embrace a wholesale change in community values." - Principal

Teachers/staff are modeling healthier eating and/or physical activity habits

"Teachers are modeling and promoting healthy eating habits throughout the school day." - Lead Teacher

Teacher/staff awareness of healthy school community activities and/or their importance has increased

“Our student population of approximately 5,340 students in K – 12 and our staff population of approximately 650 now have an awareness of our healthy lifestyles project and realize how important it is to our health and the improvement of student learning.” - Education Consultant

While less defined as a theme some project leads did report that students are choosing healthier drink/food options at school and that families/parents are more aware of the changes to healthier options and that they too are embracing them.

Effects on the Social Environment

In addition to impacts on individuals, impacts on the social environment within the school community were highlighted with the two most prominent themes described below:

Momentum was created

The project created momentum towards a healthy school community /a starting point for change within the school community. In many cases project leads went on to mention a strong interest to continue this momentum.

“One of the main successes that we have witnessed is the significant growth and support for Comprehensive School Health ... across the entire school division...We have been very pleased with the momentum this project has created...” - Project Lead

A healthy school culture was created

A healthy school culture or a healthy shift in school culture was created.

“We changed a school culture. We had students adopt the attitude of “Can Do” and “Be the Change.” We have students identifying themselves as successful contributing members of their community, and that they can make healthy choices.” - Family School Liaison

Sustainability of Initiatives

The aim of the Wellness Fund is to provide funding that enables a project to build a sustainable healthy school community. Projects were asked (1) to provide examples of resources within their project that ensure sustainability and (2) to decide whether there were aspects of their project that were unsustainable. Table 9 lists the most commonly cited resources used to ensure sustainability across all projects compared to those projects that felt there were no unsustainable aspects to their project (22 of 61 projects). Appendix A includes a comprehensive list of responses.

TABLE 9. Resources in Place to Ensure Sustainability by All Projects and Projects Reporting No Unsustainable Aspects (reporting projects: Not Sustainable =35, Sustainable = 21)

Resource to Ensure Sustainability	Total Number of Responses	School Level	District Level
Healthy changes/improvements to the physical environment (e.g. equipment, teacher resources)			
All Projects	37	26	11
Projects Reporting No Unsustainable Aspects	11	11	0
Commitment from stakeholders (e.g. health committee, administration, government, volunteers, etc.)			
All Projects	27	16	11
Projects Reporting No Unsustainable Aspects	10	8	2
Stakeholder skill development or training/gained knowledge			
All Projects	20	15	5
Projects Reporting No Unsustainable Aspects	9	8	1
Collaborative partnerships			
All Projects	18*	10	7
Projects Reporting No Unsustainable Aspects	5	4	1
Framework/plan has been developed			
All Projects	16*	11	4
Projects Reporting No Unsustainable Aspects	7	7	0
School health champion/lead teacher/wellness coordinator in place			
All Projects	14	7	7
Projects Reporting No Unsustainable Aspects	5	4	1
Secured funding/fundraising			
All Projects	13*	9	3
Projects Reporting No Unsustainable Aspects	8	7	1
[Additional resources to ensure sustainability listed in appendix A]	-	-	-

* Includes 1 agency project

“We have recently purchased a DPA Bin (or equivalent) for all of our 16 schools in our District and the Health Lead Teachers were in-serviced on how to use it, so they can show the rest of their staff how to use it effectively.” - Education Consultant

“We have all levels of our stakeholders involved. The Student council is a strong partner, the town and community clubs share the equipment, and our staff and students are fully engaged in working in a healthy environment.” - Parent Council

Projects that considered their work to be not entirely sustainable were asked to report which aspects of their project were unsustainable. Project responses are captured in Table 10.

TABLE 10. Aspects of Projects Considered Unsustainable (responding projects = 30)

Aspect of Project Unsustainable	Frequency of Response	% of Responses
Staff development/engagement (i.e. high turnover rate)	12	30%
District	5	26.31%
School	7	33.33%
Programs/Activities	11	27.5%
District	5	26.32%
School	6	28.57%
Paid project staff	9	22.5%
District	7	36.8%
School	2	9.52%
Health lunch/snack program	4	10%
School	4	19.05%
Equipment purchases/maintenance	3	7.5%
District	1	5.26%
School	2	9.52%
Partnerships engagement	1	2.5%
District	1	5.2%
Total	40	100%
District	19	100%
School	21	100%

“Students are learning about making healthier choices through some of our resources and are staying active because of the money we have received through Teaming up 4 Healthy Learners. Without these funds, we would not have been able to provide our students with the amount of equipment necessary to make a positive impact.” - Lead Teacher

Project Challenges

Projects were asked to list their top three most challenging project activities. Responses to this question encompassed a broader focus on general project challenges and barriers encountered and are provided in Table 11.

TABLE 11. Challenges and Barriers Encountered by Projects (responding projects = 61)

Project Challenge/ Barrier	Frequency of Response	% of Responses
Staff training/Professional development and participation	27	13.2%
District	3	5.0%
School	24	17.1%
Lack of time/time related issues	25	12.3%
District	9	15.0%
School	16	11.4%
Student participation/support	20*	9.8%
District	1	1.7%
School	17	12.1%
Cost/funds	17*	8.3%
District	4	6.7%
School	12	11.4%
Engagement and education of parents/stakeholders/staff	14	6.9%
District	3	5.0%
School	11	7.9%
Scheduling logistics	14	6.9%
District	4	6.7%
School	10	7.1%
[Additional challenges/barriers are listed in Appendix A]	-	-
Total	201	100%
District	59	100%
School	138	100%

*Includes agency responses

“Changing a school community towards a healthier awareness takes time. It is important to build awareness with staff to ensure they are on side and introduce small projects first that they can see benefits from.” - Principal

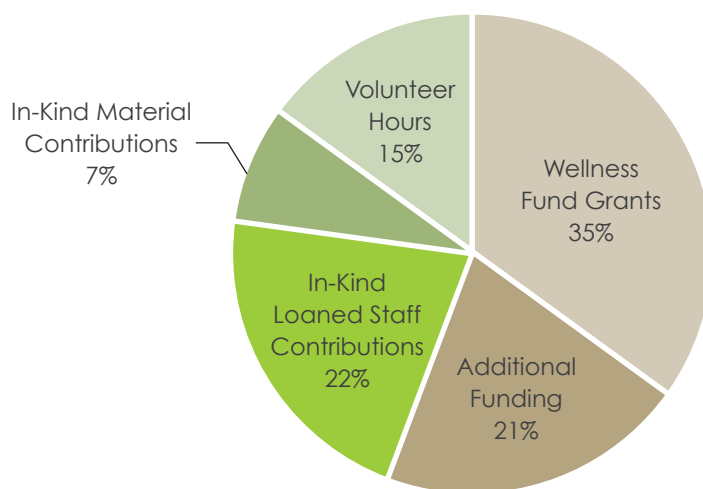
“Directions Needed: - increasing student involvement and ownership...” - Lead Teacher

Project Resources

FUNDS GRANTED AND LEVERAGED

In the 2009/10 reporting year the Wellness Fund had 61 active projects. Combined, they were granted a total of \$1,449,247. The funding for these projects ranged from \$1,850 to \$50,000, with an average of \$16,227.85 for school level projects and \$40,216.94 for district level projects. From this original grant funding, projects leveraged an estimated \$2,722,961 from additional sources of funding, in-kind contributions and volunteer hours. The pie chart in Figure 6 shows a breakdown of these contributions.

FIGURE 6. Funds leveraged by projects between 2009 and 2010

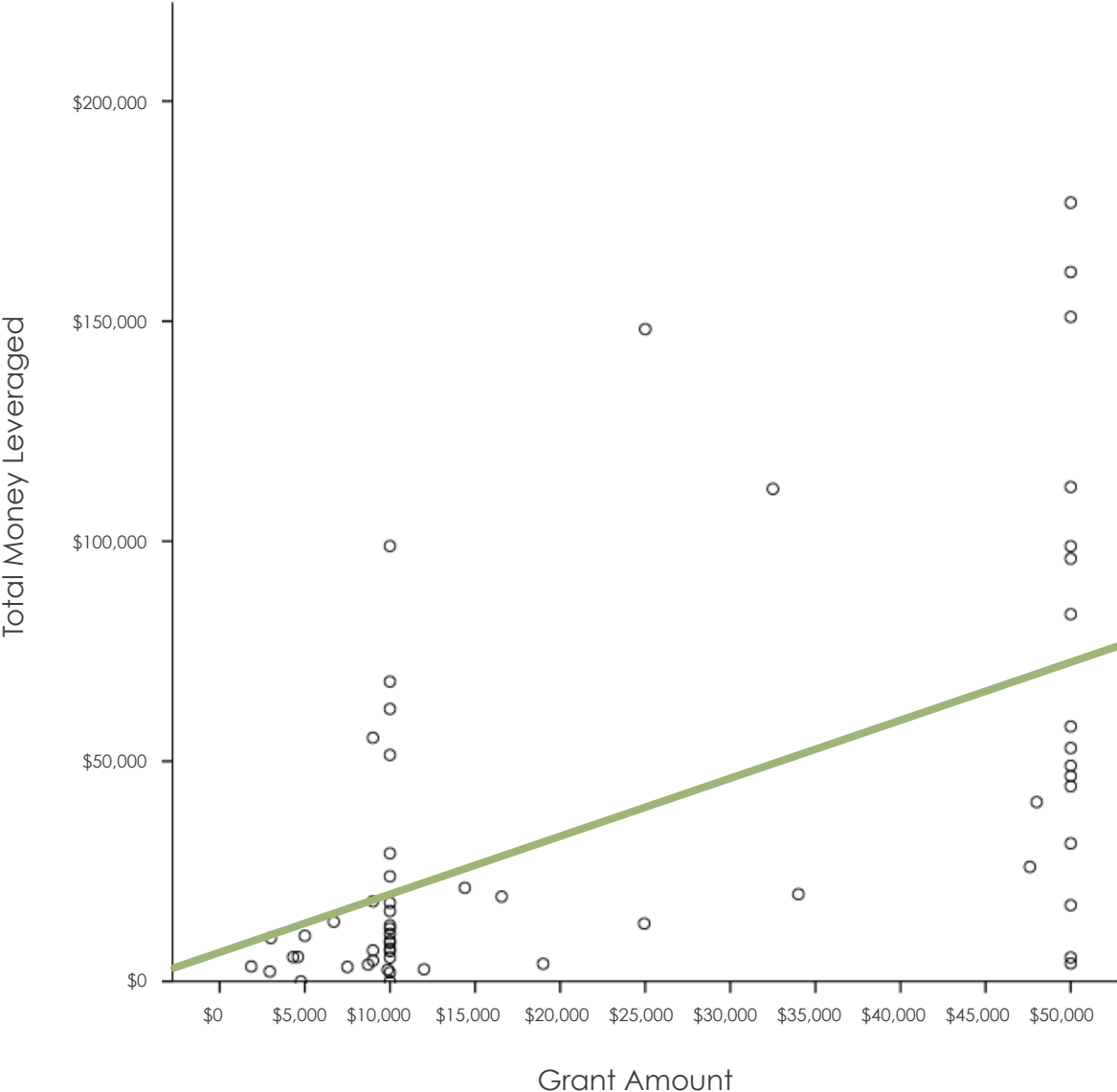


The value of in-kind material contributions was estimated by projects. The value of in-kind loaned staff contributions was calculated by projects using an estimate of \$30.00 per hour. Similarly, the value of volunteer contributions was calculated using an estimate of \$15.00 per hour.

Looking at the total value of a project, including additional funding received, estimated value of volunteer hours, estimated value of in-kind contributions as well as Wellness Fund grant money, analyses show a significant difference between total project value per student at the district level (average funds spent per student= \$38.13) and at the school level (average funds spent per student= \$94.27). Please see Appendix A for detailed statistical information.

A statistical correlation was conducted to see if there was a significant association between the grant money awarded to a project and the total additional funds leveraged by a project. Spearman correlation shows a statistically significant positive relationship between the original grant money awarded and additional funds leveraged. Figure 7 shows a representation of this relationship in graph form. Please note that this is not a causal relationship, for instance this relationship may exist because of project size enabling them to leverage more dollars.

FIGURE 7. Grant Money Awarded by Total Money Leveraged



SPENDING OF WELLNESS FUND GRANT DOLLARS

Table 12 outlines project spending of Wellness Fund grant dollars between 2009 and 2010. Projects were asked to account for Wellness Fund dollars spent according to the items listed in the table.

TABLE 12. District and School Budget Breakdown of Wellness Fund Dollars by Budget Item

Budget Item	Number of Projects	Average Across Projects	Total Spending	Average % of Budget
Wages/Salaries	42*	\$13,652.02	\$573,384.85	27.4%
District	15	\$20,672.73	\$310,090.97	39.2%
School	25	\$8,327.31	\$208,182.67	19.8%
Supplies and materials	54*	\$8,146.89	\$439,932.15	42.4%
District	17	\$11,471.33	\$195,012.65	34.4%
School	36	\$6,729.44	\$242,259.79	47.4%
Other (equipment, food costs, etc.)	26	\$9,054.59	\$235,419.40	15.9%
District	8	\$15,095.70	\$120,765.60	13.4%
School	18	\$6,369.65	\$114,653.80	17.8%
Travel/Accommodation	33*	\$1,450.19	\$47,856.22	3.3%
District	11	\$2,581.41	\$28,395.55	3.3%
School	21	\$917.93	\$19,276.59	3.4%
Meeting costs	27*	\$1,578.18	\$42,610.92	2.9%
District	13	\$2,482.84	\$32,276.99	4.6%
School	13	\$767.99	\$9,983.93	2.2%
Evaluation and dissemination of results	19*	\$1,800.58	\$34,211.02	1.9%
District	4	\$3,184.85	\$12,739.40	1.4%
School	14	\$1,462.26	\$20,471.62	1.9%
Project administrative/overhead costs	18*	\$1,593.56	\$28,684.00	1.8%
District	4	\$1,503.75	\$6,015.00	0.7%
School	13	\$1,697.62	\$22,069.00	2.2%
Promotion/Advertising	24*	\$1,028.66	\$24,687.88	1.5%
District	8	\$848.38	\$6,787.05	0.9%
School	15	\$1,187.05	\$17,805.83	1.8%
Printing/Copying	21	\$605.98	\$12,725.53	0.6%
District	6	\$456.88	\$2,741.26	0.4%
School	15	\$665.62	\$9,984.27	0.8%
Wellness Fund dollars returned	6	\$1,622.52	\$9,735.11	n/a
District	2	\$4,540.38	\$9,080.76	
School	4	\$163.49	\$654.35	
Total	61*	\$23,758.15	\$1,449,247.00	100%
District	18	\$39,712.47	\$723,905.23	100%
School	41	\$16,211.89	\$665,341.85	100%

*Includes agency projects

Analysis shows that there is a significant difference between grant dollars spent per student at the district level (average = \$13.81 per student) and at the school level (average = \$32.17 per student). Please see Appendix B for further statistical information.

ADDITIONAL FUNDING RECEIVED BY PROJECTS

All but two projects (both school level projects) received funding from sources beyond Wellness Fund dollars to support their work. Table 13 provides a detailed breakdown of the types of external funding received by projects.

TABLE 13. District and School Breakdown of Additional Funding Received by Projects by Source Type

Additional Funding Source	Number of Receiving Projects	Average Amount Received	Total Amount Received Across Projects
Non-profit and/or charitable organization	19	\$17,216.47	\$327,113.00
District	6	\$45,012.50	\$270,075.00
School	13	\$4,387.54	\$57,038.00
Other (sponsoring organization, parent contributions, etc.)	26*	\$6,359.92	\$165,357.93
District	10	\$8,315.40	\$83,154.00
School	15	\$5,330.51	\$79,957.73
Provincial/Territorial Government	6	\$25,361.00	\$152,166.00
District	1	\$55,000.00	\$55,000.00
School	5	\$19,433.20	\$97,166.00
Private Business	18	\$5,711.22	\$102,802.00
District	4	\$3,337.50	\$13,350.00
School	14	\$6,389.43	\$89,452.00
Regional Health Authority	5	\$15,140.96	\$75,705.00
District	3	\$24,833.33	\$74,500.00
School	2	\$602.41	\$1,205.00
Fundraising	9	\$3,188.93	\$28,700.38
District	1	\$300.00	\$300.00
School	8	\$3,550.05	\$28,400.38
Municipal/Regional Government Programs	6	\$3,024.00	\$18,144.00
District	1	\$8,500.00	\$8,500.00
School	5	\$1,928.80	\$9,644.00
Alberta Initiative for School Improvement	3	\$313.33	\$940.00
District	0	\$0.00	\$0.00
School	3	\$313.33	\$940.00
Total	43*	\$20,254.14	\$870,928.12
District	15	\$33,658.60	\$504,879.00
School	27	\$13,474.18	\$363,802.92

* Includes 1 agency project

“A relationship was formed with the [local bread supplier] driver, who donated any excess bread to the school. Once a week, a volunteer drove down to the local grocery store to meet the truck and pick up whatever he could offer us. This ranged from 12 loaves and up.”
- Vice Principal

IN-KIND CONTRIBUTIONS RECEIVED BY PROJECTS

When projects reported in-kind contributions received, they were asked to categorize them as loaned staff or in-kind contributions other than loaned staff and to exclude all financial contributions. These contributions totalled an estimated value of \$907,388. As a category, "in-kind loaned staff" was meant to capture those who contributed their time and expertise to a Wellness Fund project as part of their paid position with an external organization. This category was expected to exclude all volunteer contributions. As is evident in Table 14, these distinctions were not always made by reporting projects. A complete breakdown of in-kind loaned staff contributions can be found in Appendix A.

TABLE 14. In-Kind Loaned Staff Contributions Received Across Projects (responding projects = 41)

In-Kind Loaned Staff Contribution	Number of Contributions	% of Total Contributions
Undefined Workshop/Professional Development	36	13.8%
Undefined Resources/Support	21	8.0%
Undefined Personnel/Staff	21	8.0%
Undefined Expertise	15	5.7%
Financial Support/Donation	14	5.4%
Active Living Workshop/Presentation/Training	14	5.4%
Steering Committee Member/Advisory Committee	12	4.6%
Undefined Physical Resource	11	4.2%
Assisted with data collection/analysis/interpretation	9	3.4%
[Additional in-kind loaned staff contributions are listed in Appendix A]	-	-
Total	261	100%

"The focus of this committee was to provide a link between community resources and schools, as well as assist in school based initiatives. In developing a community building approach, the project had a committee made up of members who worked with a variety of schools, thereby providing expertise in areas of nutrition, and health promotion."

- District Project Lead

In-kind contributions other than loaned staff, signifying material contributions, were expected to capture all other non-monetary contributions made to projects. Table 15 shows the areas in which material contributions were made in the order of greatest to least contributions.

TABLE 15. In-Kind Material Contributions Received by District and School Level Projects

(responding projects = 50)

Type of In-Kind Material Contribution	Number of Contributions	Average Across Receiving Projects	Total Estimated Value of Contributions
In-Kind Facility	31*	\$4,395.29	\$136,254.00
District	15	\$3,902.93	\$58,544.00
School	15	\$4,747.33	\$71,210.00
In-Kind Other (e.g., food donation, workshop/presentation)	19	\$3,590.79	\$68,255.00
District	5	\$4,580.00	\$22,900.00
School	14	\$3,237.50	\$45,325.00
In-Kind Administrative	37	\$886.35	\$32,795.00
District	14	\$1,651.43	\$23,120.00
School	23	\$420.65	\$9,675.00
In-Kind Travel	26	\$1,091.79	\$28,386.60
District	14	\$1,675.28	\$23,454.00
School	12	\$411.05	\$4,932.60
In-Kind Project Materials (DVD, food, etc.)	22	\$1,106.32	\$24,339.00
District	5	\$850.00	\$4,250.00
School	17	\$1,181.71	\$20,089.00
In-Kind Project Equipment (office equipment, etc.)	17	\$1,335.29	\$22,700.00
District	7	\$2,485.71	\$17,400.00
School	10	\$530.00	\$5,300.00
In-Kind Telephone/Internet	19	\$391.31	\$7,435.00
District	10	\$536.00	\$5,360.00
School	9	\$230.56	\$2,075.00
Total In-Kind Material Contributions	171*	\$1,872.31	\$320,164.60
District	70	\$2,214.68	\$155,028.00
School	100	\$1,586.06	\$158,606.60

* Includes 1 agency project

VOLUNTEER CONTRIBUTIONS

A total of 1,926 volunteers were recruited to assist with 32 school level projects (78% of all school level projects), 15 district level projects (83.3% of all district level projects) and one agency project. A total of 36,874 volunteer hours (average of 19.14hrs per volunteer) were contributed, suggesting a total estimated dollar value equivalent of \$624,010.

COLLABORATIVE PARTNERSHIPS

The Wellness Fund defines 'collaborative partners' as two or more groups or organizations working together to meet the funded projects' objectives and goals. All projects in the 2009/10 data set had at least one collaborative partner. There were a total of 438 collaborative partnerships formed and of these, 282 previously existed, 144 were new partnerships and no "existing" or "new partnership" data was provided for 12 partnerships. Partnerships are categorized by type in table 16 using broad predetermined categories. Categories listed in Table 17 are derived from projects' descriptions of partnership contributions. A comprehensive breakdown of Table 17 can be found in Appendix A.

TABLE 16. Types of Collaborative Partnerships Made by Projects (responding projects =61)

Type of Collaborative Partnership	Frequency of Response	% of Responses
Private Sector	59	13.5%
Public Sector	105	24.0%
Not-for-Profit	163	37.2%
Public/Catholic school/Division/Administration/Teacher	81	18.5%
No association with an organization given	30	6.8%
Total	438	100%

TABLE 17. Partnership Contributions Made to Projects (responding projects =61)

Collaborative Partnership Contribution	Frequency of Response	% of Responses
Financial support/Donation	68	11.1%
Undefined resources/Support	56	9.2%
Undefined workshop/Professional development	29	4.8%
Contributed/Assisted with a healthy eating program	29	4.8%
Undefined physical resource	25	4.1%
Personnel/Staff	22	3.6%
Contributed/Assisted a positive social environment-related program	22	3.6%
Comprehensive school health resources/support	22	3.6%
Steering committee/Advisory committee member	21	3.4%
Food donation	19	3.1%
Active living physical resource	19	3.1%
[Additional contributions listed in Appendix A]	-	-
Total	610	100%

Project Reflections

IMPLEMENTING COMPREHENSIVE SCHOOL HEALTH IN ALBERTA

With projects being aware of the reasons behind the need to implement Comprehensive School Health (CSH) when developing a healthy school community, as well as experiencing its impact firsthand, the Wellness Fund felt it important to gather projects' perspectives on future directions for CSH in Alberta. In the Reporting & Reflection Tool projects were asked, **“Thinking of provincial directions, what suggestions do you have for implementing Comprehensive School Health in the province of Alberta?”** The most common responses are captured in Table 18 with a complete table included in Appendix A.

TABLE 18. Provincial Directions for Comprehensive School Health as Reported by Projects
(responding projects =47)

Provincial Direction Reported	Frequency of Response	% of Responses
Funding specifically for comprehensive school health programming/resources/professional development	14	17.1%
Funding for health promotion facilitators at the school district, health zone or school level	10	12.2%
Provincial/district level policy related to school wellness should be mandated/encouraged	6	7.3%
We need a provincial recommended model for comprehensive school health to support schools	6	7.3%
Funding model for schools/districts must include comprehensive school health	5	6.1%
Alberta Health and Wellness and Alberta Education need to work together on comprehensive school health	4	4.9%
The province needs to emphasize prevention over intervention/be proactive rather than reactive about student's health	4	4.9%
Healthy eating policies should be mandated/encouraged by the province for schools/districts/school communities	4	4.9%
[Additional provincial directions listed in Appendix A]	-	-
Total	82	100%

“A comprehensive school health approach has helped our school focus our methods of teaching and learning by clarifying our schools values and coordinating our efforts to create and maintain a healthy school community.” - Lead Teacher

WELLNESS FUND FEEDBACK

When projects were asked if they had received the support they needed from Wellness Fund staff over the last funding year, 54 of 56 responding projects (96.4%) said they had. The majority of comments were positive and referred to the benefits associated with funding received. The most commonly cited criticism was the need for more time to both connect with and share resources with other projects but to also ensure the sustainability of the project. The most commonly reported comment by 25% of respondents was a general "Thank you."

Appendix A

Project Planning

TABLE A1. Methods Used by Projects to Determine Overarching Objectives (responding projects = 54)

Method	Frequency of Response	% of Responses
Surveys (Undefined)	14	16.7%
Healthy School Planner Tool	10	11.8%
Focus groups/committees	7	8.2%
Feedback	6	7.1%
Accountability Pillars	6	7.1%
HATS (Healthy Assessment Tool for Schools)	5	5.9%
Comprehensive school health guidelines	5	5.9%
Literature Review	4	4.7%
Canada Food Guide	2	2.4%
"How healthy is your school?" Tool	2	2.4%
Personal observation	2	2.4%
David Thompson Health Region Community Profiles	2	2.4%
Observations	2	2.4%
Moving and Choosing "Healthy Eating Active Living" checklist	1	1.2%
"Creating Sustainable Active Leadership" survey	1	1.2%
PHE Canada Website (Diamond level award)	1	1.2%
School charter	1	1.2%
Health promoting schools (Quality School Health Toolkit)	1	1.2%
Comprehensive Model of Health	1	1.2%
WDYDIS (What Did You Do In School) survey	1	1.2%
Alberta's Provincial Nutrition Guidelines	1	1.2%
Active Living Inventory	1	1.2%
REAL Kids Alberta Evaluation	1	1.2%

Method	Frequency of Response	% of Responses
Wetaskiwin Regional Public Schools nutrition surveys	1	1.2%
School Satisfaction Surveys	1	1.2%
Graduates Health and Wellness survey	1	1.2%
Wetaskiwin Regional Public Schools school satisfaction survey	1	1.2%
Health and Wellness guidelines	1	1.2%
School, Community and Family Health Education Program Health Champion workshops	1	1.2%
Health based, externally run workshops	1	1.2%
Total	84	100%

Policy Development and Implementation

TABLE A2. Stakeholders Involved in Policy Development

(responding projects: district level =14, school level =11)

Stakeholders Involved in Policy Development	Frequency of Responses	% of Responses
Staff		
District	4	4.9%
School	19	25.7%
Administration		
District	12	14.8%
School	6	8.1%
Teachers		
District	4	4.9%
School	12	16.2%
Alberta Health Services		
District	10	12.3%
School	4	5.4%
Students		
District	1	1.2%
School	13	17.6%
Parents		
District	7	8.6%
School	8	10.8%

Stakeholders Involved in Policy Development	Frequency of Responses	% of Responses
Steering committee/committee		
District	5	6.2%
School	3	4.1%
School district		
District	4	4.9%
School	3	4.1%
District staff		
District	6	7.4%
Principals		
District	6	7.4%
Associate superintendent/ Superintendent		
District	5	6.2%
Nutrition Specialists		
District	4	4.9%
Community Members		
School	4	5.4%
Health Champions		
District	2	2.5%
Local health region reps		
District	2	2.5%
Board of Trustees		
District	2	2.5%
Specialists		
District	2	2.5%
Health promotion coordinator/Facilitator		
District	1	1.2%
Area directors		
District	1	1.2%
Health and PE consultant		
District	1	1.2%
Communications		
District	1	1.2%
Food contractors		
District	1	1.2%
Schools		
School	1	1.4%
Volunteers		
School	1	1.4%
Total		
District	81	100%
School	74	100%

TABLE A3. Stakeholders Involved in Policy Implementation

(responding projects: district level =12, school level =12)

Stakeholders Involved in Policy Implementation	Frequency of Response	% of Responses
Staff		
District	5	6.0%
School	16	21.1%
Teachers		
District	4	4.8%
School	14	18.4%
Administration		
District	13	15.7%
School	4	5.3%
Alberta Health Services		
District	10	12.0%
School	3	3.9%
Parents/School Council		
District	7	8.4%
School	9	11.8%
Students		
District	1	1.2%
School	11	14.5%
Steering committee/committee		
District	5	6.0%
School	6	7.9%
Principals		
District	6	7.2%
District staff		
District	6	7.2%
School district		
District	4	4.8%
School	2	2.6%
Associate superintendent/ Superintendent	5	6.0%
Nutrition Specialists		
District	4	4.8%
Local health region representatives		
District	2	2.4%
School	1	1.3%
Health champions		
District	2	2.4%
Specialists		
District	2	2.4%

Stakeholders Involved in Policy Implementation	Frequency of Response	% of Responses
Board of Trustees District	2	2.4%
Health promotion coordinator/facilitator District	1	1.2%
Area directors District	1	1.2%
Health and Physical Education consultant District	1	1.2%
Communications District	1	1.2%
Food contractors District School	1 1	1.2% 1.3%
Schools School	1	1.3%
Community Members School	1	1.3%
School Nurse School	1	1.3%
Club Leaders School	1	1.3%
Total District School	83 76	100% 100%

TABLE A4. Barriers to Developing and Implementing Policy Encountered by Projects

(responding projects: district level = 16, school level = 17)

Barriers to Developing/Implementing Policy	Frequency of Response	% of Responses
Lack of support/resistance to change		
District	7	21.2%
School	8	21.6%
Compliance/engagement		
District	2	6.1%
School	4	10.8%
Food providers (i.e. vending contracts, resistance)		
District	3	9.1%
School	3	8.01%
Revenue concerns		
District	2	6.1%
School	2	5.4%
Changing practice and culture/traditions		
District	2	6.1%
School	2	5.4%
Communication between involved members and school community		
District	4	12.1%
Financial commitment/cost		
School	4	10.8%
Time		
District	2	6.1%
School	1	2.7%
Dissemination of information/Linking wellness to better learning outcomes		
District	2	6.1%
School	1	2.7%
Parent expectations/lack of awareness		
District	1	3.0%
School	2	5.4%
Space restrictions/existing infrastructure		
District	1	3.0%
School	2	5.4%
Varying commitment levels		
District	2	6.1%
Teacher readiness		
School	2	5.4%
Helping people understand the intent of the policy		
District	2	6.1%

Barriers to Developing/Implementing Policy	Frequency of Response	% of Responses
Competing priorities District	1	3.0%
Awareness of healthy food choices/options District	1	3.0%
School	1	2.7%
Inconsistency in policy implementation between schools District	1	3.0%
Student access to off-site unhealthy food options School	1	2.7%
Lack of meaningful implementation in school curriculum School	1	2.7%
A need for professional development School	1	2.7%
Resources [undefined] School	1	2.7%
Safety regulations School	1	2.7%
Total District	33	100%
School	37	100%

TABLE A5. Methods Used by Projects to Gather Information on the Effects of Project Activities
(responding projects =61)

Method Used for Gathering Information	Frequency of Response	% of Responses
Survey/Questionnaire	48	18.8%
Observation	39	15.2%
Feedback/debrief	21	8.2%
Attendance records/participation rates	20	7.8%
Interviews/verbal questioning	19	7.4%
Meetings/focus groups/group discussion	16	6.3%
Usage tracking (frequency of use)/usage monitoring/usage by cost tracking	11	4.3%
Post survey/post evaluation/exit survey/workshop evaluation	9	3.5%

Method Used for Gathering Information	Frequency of Response	% of Responses
School Action plan/implementation/work plan implementation	8	3.1%
Activity checklist/activity tracking/Tracking number of activities occurring/ types of activities occurring	7	2.7%
Pre and post survey	5	2.0%
one-to-one communications/emails/conversations/informal discussions	5	2.0%
Assessment process/tool	4	1.6%
Anecdotes/comments	4	1.6%
Zoomerang online survey/Survey Monkey	4	1.6%
Office visits with students/suspension tracking/detention reports/incident reports	3	1.2%
Project evaluation	2	.8%
Sharing of best practices and challenges/forum	2	.8%
Fitness testing	2	.8%
Not enough time to gather information	2	.8%
Photo Journaling	1	.4%
Past budget goals/aims	1	.4%
Raising healthy Eating and Active Living kids survey	1	.4%
Document review	1	.4%
Healthy School Planner tool/JCSH healthy school planner	1	.4%
What Did You Do In School survey	1	.4%
Journals	1	.4%
Healthy Assessment Tool for Schools	1	.4%
Tracking student office visits	1	.4%
SHAPES tool	1	.4%
Accountability Pillars tool	1	.4%
Baseline survey	1	.4%
Total	243	100%

TABLE A6. Evaluation Support Most Needed by Projects (responding projects =51)

Evaluation Support Needed	Frequency of Response	% of Responses
Tool development/design/data collection tool design	16	15.1%
Planning an evaluation strategy/evaluation planning	13	12.3%
Not enough time	12	11.3%
Interpretation of results	10	9.4%
Collation of results	7	6.6%
We don't need any support with evaluation/XYZ worked well for us as part of our evaluation practices	6	5.7%
Information/data collection	5	4.7%
We would like a premade survey to use/help finding appropriate evaluation tools	4	3.8%
Difficulty getting teachers to do the surveys/paperwork associated with evaluation	4	3.8%
Confusion between WF reporting tool and evaluation strategies within their project	2	1.9%
Need help with all aspects of evaluation	2	1.9%
Difficulty using results of evaluation without funding support	2	1.9%
Dissemination of results/presentation of results	2	1.9%
Standard checklist to assist with tracking	1	.9%
Designing a tool specific to our situation is time consuming	1	.9%
Finding methods of including students' voices in evaluation planning	1	.9%
Designing a tool that measures culture change	1	.9%
Difficulty getting students to do surveys	1	.9%
Filling out questionnaires is time consuming for respondents	1	.9%
Building focus group capacity	1	.9%
Pre made tools are not specific enough for our school community	1	.9%
Data collection is difficult to do across schools	1	.9%
Difficulty getting service providers to consistently evaluate	1	.9%

Evaluation Support Needed	Frequency of Response	% of Responses
Lack of access to evaluation data from service providers	1	.9%
Acquiring parental consent for student participation in evaluation interviews	1	.9%
Total	106	100%

Project Effects

TABLE A7. Behaviour Changes Reported in Relation to Healthy Eating Activities
(responding projects =43)

Behaviour Change Reported	Frequency of Response	% of Response
Increase in healthy eating consumption/enthusiasm by students	47	31.3%
Students have an increased awareness/knowledge of healthy eating options/practices	25	16.7%
Increase in HE awareness/knowledge by staff	10	6.7%
Increase in positive interactions/school spirit/unity amongst students	9	6.0%
[Not enough time to determine healthy eating behavioural effects of project]	9	6.0%
Students have an increased appreciation for/awareness of food making processes	8	5.3%
Staff increase in healthy eating consumption/enthusiasm	6	4.0%
Students have a better understanding of the origins/cultivation of food	6	4.0%
Decrease in discipline issues/Better behaviour/focus	5	3.3%
Parents healthy eating knowledge/awareness increased	5	3.3%
Vending/Cafeteria sales mentioned	5	3.3%
Students are accessing food on campus rather than off campus	4	2.7%
Profits/sales of healthier foods remained consistent or increased	4	2.7%
Students are more energetic/participate in more physical activity	3	2.0%
Improved school attendance	2	1.3%
Students have developed leadership/volunteerism	2	1.3%
Total	150	100%

TABLE A8. Behaviour Changes Reported in Relation to Active Living Activities (responding projects =48)

Behaviour Change Reported	Frequency of Response	% of Responses
Student participation/enthusiasm in active living activities increased	72	40.9%
Increased teamwork/unity/school pride/positive social interactions	22	12.5%
Staff participation/enthusiasm in active living activities increased	18	10.2%
Staff knowledge of active living increased	10	5.7%
Less disciplinary actions/better student behaviour	9	5.1%
[Not enough time to determine active living behavioural effects of project]	6	3.4%
Staff/students have increased awareness of active living activities/resources	5	2.8%
Students have made a physical ability improvement	5	2.8%
Student knowledge of active living has increased	5	2.8%
Staff/students have raised their awareness of active living needed for healthy living	4	2.3%
Parent participation/enthusiasm in active living activities increased	4	2.3%
Students are more relaxed/happy	4	2.3%
Student leadership has developed	4	2.3%
Students focus better in the classroom	2	1.1%
Students developed positive active living routines	2	1.1%
Staff/Student Increased self esteem/personal well being	2	1.1%
Students are eating healthier	1	0.6%
Staff are eating healthier	1	0.6%
Total	176	100%

TABLE A9. Behaviour Changes Reported in Relation to Positive Social Environment-Related Activities
(responding projects =35)

Behaviour Change Reported	Frequency of Response	% of Responses
Students showed increased participation/enthusiasm for positive social environment-related events/clubs/activities	18	22.0%
Improved social behaviour/respect/interactions between students	12	14.6%
Increase in staff wellness/positive social environment-related activity participation/awareness	8	9.8%
Decrease in disciplinary actions/better student behaviour	7	8.5%
Students have increased knowledge/awareness of positive social environments	5	6.1%
Increased school spirit/community	4	4.9%
School community members/parents showed increased focus/awareness of positive social environments	4	4.9%
Students showed increased leadership abilities	4	4.9%
Increased mental wellbeing in students	4	4.9%
Increase in positive staff interactions	3	3.7%
Students more self-confident/taking control of their lives	3	3.7%
Increased parent knowledge/awareness of positive social environments	3	3.7%
Increase in the school's positive social environment	2	2.4%
Increase in staff and student interaction	2	2.4%
[Not enough time to determine positive social environment-related behavioural effects of project]	2	2.4%
Decrease in staff stress levels	1	1.2%
Total	82	100%

TABLE A10. Resources in Place to Ensure Sustainability by All Projects and Projects Reporting No Unsustainable Aspects (reporting projects: Not Sustainable = 35, Sustainable = 21)

Resource to Ensure Sustainability	Total Number of Responses	School Level	District Level
Healthy changes/improvements to the physical environment (e.g. equipment, teacher resources)			
All Projects	37	26	11
Projects Reporting No Unsustainable Aspects	11	11	0
Commitment from stakeholders (e.g. health committee, administration, government, volunteers, etc.)			
All Projects	27	16	11
Projects Reporting No Unsustainable Aspects	10	8	2
Stakeholder skill development or training/gained knowledge			
All Projects	20	15	5
Projects Reporting No Unsustainable Aspects	9	8	1
Collaborative partnerships			
All Projects	18*	10	7
Projects Reporting No Unsustainable Aspects	5	4	1
Framework/plan has been developed			
All Projects	16*	11	4
Projects Reporting No Unsustainable Aspects	7	7	0
School health champion/lead teacher/wellness coordinator in place			
All Projects	14	7	7
Projects Reporting No Unsustainable Aspects	5	4	1
Secured funding/fundraising			
All Projects	13*	9	3
Projects Reporting No Unsustainable Aspects	8	7	1
Policy/administrative procedure in place			
All Projects	5	1	4
Projects Reporting No Unsustainable Aspects	1	0	1
Traditions created within the school community			
All Projects	4	4	0
Projects Reporting No Unsustainable Aspects	1	1	0
Communication/marketing			
All Projects	1	1	0
Projects Reporting No Unsustainable Aspects	0	0	0
Health promotion coordinator support			
All Projects	1	0	1
Projects Reporting No Unsustainable Aspects	0	0	0
Assessment/evaluation plan			
All Projects	1	0	1
Projects Reporting No Unsustainable Aspects	0	0	0

TABLE A11. Challenges and Barriers Encountered by Projects (responding projects = 61)

Project Challenges/Barriers	Number of Responses	% of Responses
Staff training/Professional development and participation	27	13.2%
District	3	5.0%
School	24	17.1%
Lack of time/time related issues	25	12.3%
District	9	15.0%
School	16	11.4%
Student participation/support	20*	9.8%
District	1	1.7%
School	17	12.1%
Cost/funds	17*	8.3%
District	4	6.7%
School	12	11.4%
Engagement and education of parents/stakeholders/staff	14	6.9%
District	3	5.0%
School	11	7.9%
Scheduling logistics	14	6.9%
District	4	6.7%
School	10	7.1%
[Unclear response]	12*	5.9%
District	1	1.7%
School	10	7.1%
Communication between individuals involved in the project	10	4.9%
District	7	11.7%
School	3	2.1%
No control/minimal over cafeteria	6	2.9%
District	3	5.0%
School	3	2.1%
Development, coordination and implementation	4	2.0%
District	1	1.7%
School	3	2.1%
Physical space	4	2.0%
District	2	3.3%
School	2	1.4%
Cultural issues	4	2.0%
District	2	3.3%
School	2	1.4%
Eating patterns/mind frame	3	1.5%
District	1	1.7%
School	2	1.4%
Finding volunteers	3	1.5%
School	3	2.1%

Project Challenges/Barriers	Number of Responses	% of Responses
Partnering with the municipality/community	3	1.5%
District	2	3.3%
School	1	0.7%
Working against poverty/financial issues in accessing food	3	1.5%
School	3	2.1%
Partnering of schools	3	1.5%
District	2	3.3%
School	1	0.7%
Large scale of project	3	1.5%
District	1	1.7%
School	2	1.4%
Respecting the line between the school and the family	3	1.5%
District	1	1.7%
School	2	1.4%
Health regulations	2	1.0%
School	2	1.4%
Incomplete planning/sparse planning	2	1.0%
District	1	1.7%
School	1	0.7%
Assessment and monitoring	2	1.0%
District	2	3.3%
Implementing into curriculum	2	1.0%
District	1	1.7%
School	1	0.7%
Transportation barriers	2	1.0%
District	1	1.7%
School	1	0.7%
Weather related	2	1.0%
School	2	1.4%
Need for vending sales/vending logistics	2	1.0%
School	2	1.4%
Sustainability	2	1.0%
District	1	1.7%
School	1	0.7%
Developing policy	1	0.5%
District	1	1.7%
Creating and updating the portal	1	0.5%
Program too popular for resources	1	0.5%
School	1	0.7%

Project Challenges/Barriers	Number of Responses	% of Responses
Limited resources District	1 1	0.5% 1.7%
Administration not viewing wellness as a priority District	1 1	0.5% 1.7%
How to provide info without overwhelming schools District	1 1	0.5% 1.7%
Need to have clearly defined criteria to judge school applications District	1 1	0.5% 1.7%
Total District School	201 59 138	100% 100% 100%

*Includes agency projects

TABLE A12. In-Kind Loaned Staff Contributions Received Across Projects (responding projects = 41)

In-Kind Loaned Staff Contributions	Frequency of Response	% of Responses
Undefined workshop/Professional development	36	13.8%
Undefined resources/support	21	8.0%
Undefined Personnel/Staff	21	8.0%
Undefined expertise	15	5.7%
Financial Support/Donation	14	5.4%
Active Living workshop/Professional development/Presentation	14	5.4%
Steering committee member/Advisory committee member	12	4.6%
Undefined physical resource	11	4.2%
Assist with data collection/analysis/interpretation	9	3.4%
Wellness Fund project lead/coordinator	8	3.1%
Contributed to/Assisted with an undefined program/service	8	3.1%
Contributed to/Assisted with a positive social environments program	8	3.1%
Contributed/Assisted with a healthy eating program	7	2.7%
Supervision of Students	5	1.9%
Ran an undefined program	5	1.9%
Healthy eating expertise provided	5	1.9%

In-Kind Loaned Staff Contributions	Frequency of Response	% of Responses
Contributed/Assisted with an active living program	5	1.9%
Accounting	4	1.5%
Healthy eating workshop/professional development/Presentation/Training	4	1.5%
Ran an active living Program/Service/Activity	4	1.5%
Transportation	4	1.5%
Contributed/Assisted with a comprehensive school health program	4	1.5%
Ran a healthy eating Program/Service/Activity	4	1.5%
School Health Facilitator	3	1.1%
Positive social environments expertise provided	3	1.1%
Comprehensive school health workshop/professional development/Presentation	3	1.1%
Active living physical resource	3	1.1%
Volunteer	3	1.1%
Active living expertise provided	3	1.1%
District Support provided to the project	2	.8%
Health Nurse	2	.8%
Healthy eating physical resource provided	2	.8%
Media Coverage/Community Communication	2	.8%
Grant writing	1	.4%
Fundraising	1	.4%
Contributed/Assisted with Healthy Eating Program/Service/Activity	1	.4%
Undefined policy development	1	.4%
Comprehensive school health resources/support	1	.4%
Positive social environments workshop/professional development/presentation	1	.4%
Evaluation Specialist	1	.4%
Total	261	100%

TABLE A13. Partnership Contributions Made to Projects (responding projects =61)

Collaborative Partnership Contribution	Frequency of Response	% of Responses
Financial Support/Donation	68	11.1%
Undefined Resources/Support	56	9.2%
Undefined Workshop/Professional Development	29	4.8%
Contributed/Assisted with a Healthy Eating Program	29	4.8%
Undefined Physical Resource	25	4.1%
Personnel/Staff	22	3.6%
Contributed/Assisted a Positive Social Environment-related Program	22	3.6%
Comprehensive school health Resources/Support	22	3.6%
Steering Committee/Advisory Committee Member	21	3.4%
Food Donation	19	3.1%
Active Living Physical Resource	19	3.1%
Active Living workshop/Professional Development/Presentation	18	3.0%
Comprehensive school health workshop/Professional Development/Presentation	18	3.0%
Ran an Active Living Program/Service/Activity	16	2.6%
Contributed/Assisted with a Active Living program	16	2.6%
Contributed/Assisted with a comprehensive school health program	15	2.5%
District Support provided to the project	14	2.3%
Active Living resource/support provided	14	2.3%
Healthy Eating resources/support	13	2.1%
Healthy Eating physical resource provided	11	1.8%
Assist with data collection/analysis/interpretation	11	1.8%
Positive Social Environment-related workshop/Professional Development/Presentation	10	1.6%
Volunteer	10	1.6%
Active Living Expertise provided	8	1.3%

Collaborative Partnership Contribution	Frequency of Response	% of Responses
Healthy Eating expertise provided	8	1.3%
Comprehensive school health expertise provided	8	1.3%
Ran a Positive Social Environment-related program/service	7	1.1%
Wellness Fund project lead/coordinator	7	1.1%
Contributed/Assisted an undefined program/service	6	1.0%
Healthy Eating workshop/Professional Development/Presentation/Training	6	1.0%
Positive Social Environment-related resources/support	6	1.0%
Positive Social Environment-related expertise provided	6	1.0%
Undefined expertise	5	0.8%
Health Nurse	5	0.8%
Media Coverage/Community Communication	5	0.8%
Grant writing	5	0.8%
Fundraising	5	0.8%
Transportation	5	0.8%
Ran an undefined program	4	0.7%
Supervision of Students	4	0.7%
Contributed to Healthy Eating policy development	4	0.7%
Ran a Healthy Eating Program/Service/Activity	3	0.5%
School Health Facilitator	2	0.3%
Accounting	1	0.2%
Undefined policy development	1	0.2%
Positive Social Environment-related physical resource	1	0.2%
Total	610	100%

Implementing CSH in Alberta

TABLE A14. Provincial Directions for Comprehensive School Health as Report by Projects

(responding projects = 47)

Provincial Directions Reported	Frequency of Response	% of Responses
Funding specifically for comprehensive school health programming/resources/professional development	14	17.1%
Funding for health promotion facilitators at the school district, school or health zone level	10	12.2%
Provincial/district level policy related to school wellness should be mandated/encouraged	6	7.3%
We need a provincial recommended model for comprehensive school health to support schools	6	7.3%
Funding model for schools/districts must include comprehensive school health	5	6.1%
Alberta Health and Wellness and Alberta Education need to work together on comprehensive school health	4	4.9%
The province needs to emphasize prevention over intervention/be proactive rather than reactive about student's health	4	4.9%
Healthy eating policies should be mandated/encouraged by the province for schools/districts/school communities	4	4.9%
Availability of seed fund grants for individual schools is needed	3	3.7%
Province should encourage partnerships between schools and other sectors to increase number of healthy options and consistency of messages	3	3.7%
Funding for a school health champion in each school	2	2.4%
Snack/breakfast program should be implemented in schools	2	2.4%
Funding for collaboration time between schools/teachers on the topic of comprehensive school health	2	2.4%
Support from all ministries is needed to implement comprehensive school health	2	2.4%
Training in post-secondary institutions for comprehensive school health (e.g., future teachers, health care workers)	2	2.4%
Establish a provincial organizational hub for comprehensive school health to support schools/district in implementation	2	2.4%

Provincial Directions Reported	Frequency of Response	% of Responses
Funding for Physical Education Specialists/Health education specialists	2	2.4%
Implement the Wellness Curriculum as soon as possible	1	1.2%
DPA should be mandated rather than recommended	1	1.2%
Augment health curriculum to include practical applications of the Canada Food Guide	1	1.2%
Provide lesson plan materials for comprehensive school health	1	1.2%
Integrate health and Career and Life Management curriculum	1	1.2%
Clear guidelines to clarify where teachers versus parents are responsible for student's health	1	1.2%
Fund an annual conference for comprehensive school health	1	1.2%
Funding for Physical Education program	1	1.2%
Funding for public health nurses needs to continue	1	1.2%
Total	82	100%

Appendix B

Statistical Write-ups

After removing one outlier from dollars spent per child, ANOVA analysis show that there is a statistically significant difference between grant dollars spent per student between district level projects ($m = 13.81$) and school level projects ($m = 32.17$) $F = (1, 56) = 11.31, p = .001, \eta^2 = 0.17$. Including outliers, grant dollars spent per student at the district level ranged from \$1.08 to \$39.46 ($m = \$13.81$) and at the school level from \$4.95 to \$179.89 ($m = \$35.78$).

Looking at the total value of a project, including additional funding received, estimated value of volunteer hours, estimated value of in-kind contributions as well as Wellness Fund grant money, after the removal of outliers ANOVA analysis show a significant difference between total project value per student at the district level ($m = \$38.13, \min = \$3.88, \max = \$158.6$) and at the school level ($m = \$94.27, \min = \$7.07, \max = \$494.68$) $F(1, 57) = 5.07, p = .028, \eta^2 = 0.08$.

A correlation was conducted to see if there was a statistically significant association between projects grant money awarded and the total additional funds leveraged by a project. Once outliers were removed from additional funds leveraged, as defined by ± 3 standard deviations from the mean Spearman correlation shows a significant positive relationship between the original grant money and additional funds leveraged ($r(57) = .60, p < .001$). The r^2 value would indicate that 36% of the variance in additional funds leveraged can be predicted from a project's original grant money awarded.





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