

DRAFT STRATEGIC PLAN

BUILDING CAPACITY FOR HEALTHY SCHOOL COMMUNITIES THROUGH COMPREHENSIVE SCHOOL HEALTH

Prepared by the Alberta Coalition for Healthy School Communities
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The *Draft Strategic Plan: Building Capacity for Healthy School Communities through Comprehensive School Health* was prepared by Lori Baugh Littlejohns (ACHSC Coordinator) with the ACHSC Executive Committee members and numerous stakeholders consulted over the past 2 years (2003-2005).

The current ACHSC Executive Committee members are Vel Thompson (Co-Chair: Health), Doug Gleddie (Co-Chair: Education), Bill Gordon (Treasurer), Donna Thompson, Mary Anne Venner, Cheryl Macleod, Shelley Barthel, Sharon Boechler, Cathy MacKenzie, and Marg Schwartz (ex-officio).

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Health Promoting Schools *A health promoting school is one that constantly strengthens its capacity as a healthy setting for living, learning and working.*

World Health Organization (http://www.who.int/school_youth_health/gshi/hps/en/)

Executive Summary

Vision Building capacity for healthy school communities through comprehensive school health approaches.

The comprehensive school health approach is considered best or promising practice for promoting healthy school communities. It is a whole school approach where **health promotion** is addressed through integration, coordination, and enhancements to a) curriculum and teaching methods, b) social and physical environments, and c) home, school, and community partnerships and services.

Goal 1 The ACHSC network provides coordination for comprehensive school health approaches in Alberta.

Goal 2 The ACHSC network advocates for the adoption of comprehensive school health approaches and the implementation of best practice in all school communities in Alberta.

Core Functions

1. Through partnership development, develop and maintain a provincial **inventory** of school health promotion initiatives in Alberta schools and make information accessible to school communities for networking purposes.
2. Through partnership development, identify **best or promising practice** to support development processes, practices, strategies, and delivery systems for CSH. Maintain a clearinghouse that is easily accessible to school communities. Build upon existing professional development initiatives and provide **educational opportunities**. Implement **mechanisms for communicating** and disseminating effective and ineffective practice.
3. Through partnership development, provide school communities with resources (e.g., knowledge, skills) to develop and implement **healthy school community policies** and to strengthen understanding and implications of **health disparities** among children and youth, families, and communities in the school setting.
4. Through partnership development, create and/or support existing intersectoral and interdisciplinary **regional networks** to advocate for the adoption of CSH approaches in every school in Alberta, to share knowledge as to best practice and to develop and implement strategies for action.
5. Through partnership development, establish an **Alberta Healthy School Community Fund** to provide funding for additional human resources to facilitate CSH approaches in local school communities and to provide additional financial resources for the implementation of best practices.

Governance

ACHSC is a non-profit society with a dedicated Executive Committee (Board of Directors). To date ACHSC has operated on extensive voluntary support and three recent grants from the Public Health Agency of Canada (2004, 2005, 2006). It is recommended that ACHSC:

- Gain consensus on the direction contained in the Strategic plan and obtain formal support from key stakeholders.
- Recruit senior level decision makers in the health and education sectors to support defining and implementing an optimal organizational and governance structure to oversee this plan.

Funding

The ACHSC Executive Committee identifies the **public sector** as playing a lead role in providing long-term and sustainable funding for provincial coordination for building capacity for healthy school communities through comprehensive school health.

ACHSC identifies the **private sector** as important partners in supporting and advocating for the adoption of comprehensive school health approaches and the implementation of best practice in all school communities through the creation of a Alberta Healthy School Community Fund.

N.B. This draft strategic plan is based upon extensive stakeholder consultations and paints a picture for what is needed to move comprehensive school health forward in the province. It focuses on building capacity for health promotion: It does not include such vital components of a comprehensive approach such as curriculum development and student health services.

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A. BACKGROUND TO THE PLAN

The school setting for **health promotion** is gaining momentum around the world as teachers, parents, health professionals, social workers, mental health professionals, justice officials and many others, seek ways to address health and social issues of **school-aged children and youth**. The school is an important setting to reach key adults in their workplace and who can significantly influence children's lives. Schools also have a significant role in linking home, school, and community partners and services.

We know from **population health** studies that children's health status affects their ability to learn, and educational attainment affects health status throughout the lifespan. The intersectoral and interdisciplinary nature of school health promotion poses exciting opportunities and presents some challenges for health and education sectors. This Strategic Plan attempts to coordinate opportunities and address challenges.

The gap between evidence and practice is problematic for effective school health promotion in Alberta. The current situation in school health promotion practice has been described as "pockets of brilliance." Practice based upon evidence is not ubiquitous. This situation occurs at a time when there is only increasing concern about school-aged children and youth's physical, mental and spiritual health. This Strategic Plan builds upon and strengthens existing knowledge exchange and professional development initiatives for **best or promising practice** in comprehensive school health.

There are few provincial coordinating structures, processes, or policies that support an integrated, comprehensive, and collaborative approach – the most promising evidence-based practice in school health promotion. Through stakeholders consultations we have heard that there are barriers to moving forward -- lack of leadership, opportunities to learn about evidence-based comprehensive school health practice, and resources at the school community level, to name a few. Thus, the aim of this Strategic Plan is to articulate what we have heard and provide alternatives and solutions.

The Strategic Plan has undergone numerous revisions based upon what we have heard from stakeholders and this draft is no different: It is truly a living document. It identifies two main goals and expands upon five core functions that we believe need to be implemented in Alberta.

Questions about whose role and responsibility is it to implement these strategic initiatives. At this point, we believe that they need to be coordinated by a central organization like ACHSC – a non-government organization that can harness the passion and dedication for school health promotion -- and that strong **strategic alliances** need to be formed to truly create a shared vision and shared accountability.

The challenge for ACHSC is to gain consensus with numerous stakeholders in the province and secure resources to build capacity for healthy school communities through comprehensive school health approaches. We welcome your review of the Strategic Plan and look forward to your recommendations and support for moving forward.

Health promotion

The Ottawa Charter for Health Promotion states (<http://www.who.dk/policy/ottawa.htm>) that health promotion is *the process of enabling people to increase control over, and to improve their health*. Health promotion puts those people that are affected by decisions at the core of the decision making process.

The Charter identifies five action strategies that include strengthen community action, develop personal skills, reorient health services, create supportive environments, and build healthy public policy.

B. WHO IS ACHSC?

ACHSC is a registered non-profit society representing a provincial network of individuals and organizations committed to promoting and fostering healthy *school communities*¹. There are no other provincial organizations that focus specifically on:

- school-aged children and youth
- health promotion
- population health
- comprehensive school health approaches

At present, ACHSC has a volunteer Executive Committee that meets regularly to support network development, knowledge exchange, and strategic planning. The Executive Committee is the Board of Directors. Executive Committee members are dedicated front line and mid-management health and education professionals and representatives from various stakeholder organizations. Government representatives from health and education have been long standing Executive members.

ACHSC members-at-large are historically those people who attend education forums and conferences and contribute \$10 toward a membership. We communicate with approximately 180 members. Key stakeholders in the province are regularly invited to consult on strategies.

Since 1992, the ACHSC network has advocated for promoting healthy school communities through network development and knowledge exchange strategies. Hosting of successful forums/conferences and maintaining a popular website (www.achsc.org) are two such strategies.

The 2005 conference attracted 270 delegates from across Canada and the redeveloped website has seen a nine-fold increase in the number of visitors over the past year.

Other notable activities include

- Three successful grant proposals to Public Health Agency of Canada (2004, 2005, 2006),
- Presentations to the Alberta Healthy Living Network, Alberta Commission on Learning, College of Alberta School Superintendents, and Council of Medical Officers of Health,
- Resolutions to the Alberta Public Health Association and Alberta Home and School Council Association.

Population health

Population health is an important concept to comprehensive school health. The Public Health Agency of Canada defines (<http://www.phac-aspc.gc.ca/phsp/phdd/approach/index.html>) as follows:

Population health approach focuses on improving the health status of the population.

Action is directed at the health of an entire population, or sub-population, rather than individuals.

Focusing on the health of populations also necessitates the reduction in inequalities in health status between population groups.

A population health approach takes action based on analyses and understandings of the entire range of the determinants of health.

A population health approach recognizes the complex interplay between the determinants of health.

It uses a variety of strategies and settings to act on the health determinants in partnership with sectors outside the traditional health system or sector.

¹ ACHSC uses the term *school communities* deliberately because we believe that it is not just what happens within the school building that is important – it is how we connect with parents and families, agencies, and community members that is equally important.

C. WHY A STRATEGIC PLAN?

Need for integration, coordination and collaboration

Stakeholder consultation meetings over the past two years have demonstrated consistent support for ACHSC to assume a leadership role in integrating and coordinating school health promotion initiatives and pave the way for collaboration through the development of a strategic plan. Highlights of ACHSC consultations are indicated below.

WHEN	WHAT & WHO	RESULTS
June 2003 and November 2003	Stakeholder meetings to arrive at consensus as to collaborative action on comprehensive school health (CSH) and gain ministerial support for CSH.	Round table sharing of school health promotion initiatives and identifying key issues (e.g., no systematic provincial implementation of CSH; fragmentation, lack of research). Agreement was reached that a strategic plan be developed and that cross-ministerial participation is key. Ad Hoc Committee convenes and drafts short term and long strategic initiatives following AHLN framework.
June 2004	ACHSC Executive Committee meeting welcomes University of Calgary stakeholders as guests.	Draft short term and long term Strategic Plans were reviewed. Project Coordinator to be hired and complete a final draft for fall 2004.
August 2004 – April 2005	ACHSC Conference Planning Committee convened and included Executive Committee members and supported by key stakeholders.	Wide spread interest in the conference. Through extensive networks of committee members, 15 schools, boards, &/or health regions agreed to present their work as exemplary practice in school health promotion in Alberta. At April 05 conference.
November 2004	Telephone survey of 19 key stakeholders to further inform strategic planning.	Recommended provincial projects: healthy school policies & guidelines; clearinghouse of resources; coordination of research & evaluation initiatives. Priority areas for information: best practices; implementation of the CSH approach; what's happening in Alberta schools; resources; and partnership opportunities. Main barriers to implementation: human resources; leadership; shared vision; knowledge and skills, parental participation.
November – December 2004	ACHSC 3 year Strategic Plan was completed and adopted by Executive Committee.	The Plan was sent to Ministers of Health and Wellness and Education and stakeholders, put on the website and given to all conference delegates in April 2005.
April 2005	Online survey of 20 key informants for PHAC project evaluation by external consultant.	Strategic plan, conference, redeveloped website were perceived to be useful to moving CSH forward. 2/3 disagreed that ACHSC should be funded largely from individual memberships.
May 2005	Conference delegate evaluation completed.	Response rate of 70% (189/270). Over 90% of delegates agreed that the conference strengthened the ACHSC network, increased knowledge exchange, supported sharing of good work being done, and practical resources. Support for annual event.
April - June 2005	ACHSC website redevelopment.	Environmental scan and linkages made with provincial, national and international initiatives and publications on comprehensive school health.
July - August 2005	ACHSC plays a key role in assembling key stakeholders to the Canadian Genetic Diseases Network planning meetings.	Call for provincial network for school health promotion and identification of key initiatives to move CSH forward in the province.
September – November 2005	Ongoing stakeholder consultation meetings to inform revisions to the ACHSC strategic plan.	Call for a longer- term plan with greater depth and scope than the ACHSC 3 year strategic plan. Specific attention to potential private sector funding, local school community action, and creating a more viable and sustainable ACHSC network.
December 2005	Draft ACHSC 5 year Strategic Plan sent to approx twenty stakeholders for feedback.	ACHSC Executive Committee reviews feedback and plans for a final revision January 2006 to be sent to Ministers and key stakeholders for formal support.

In summary, a strategic plan was prepared in December 2004 to strengthen the network and increase participation, provide a framework for knowledge exchange and advocacy, and facilitate partnership development for collaborative action. Stakeholders consistently said that there is little if any time for health promotion in schools and there is a lack of a coordination and fragmentation between initiatives. Educators have told us that "they do not want one more project ... not one more health issue to address" and whatever ACHSC proposes, it better enhance and add value to an integrated approach. The December 2004 Plan was favorably received however some stakeholders believed it did not go far enough to capitalize on potential private sector funding opportunities and to support local school community action.

Thus, ACHSC Executive Committee members in consultation with key stakeholders revised the Plan over the fall of 2005 -- to provide an integrated and coordinated approach to school health promotion, build upon existing initiatives, support new government initiatives, and identify further strategies for collaborative action and potential funding.

Support health care reform

This Plan identifies strategies that address the health promotion goals outlined in *A Framework for Reform: Report of the Premiers Advisory Council on Health*² (also known as the Mazankowski Report) and the provincial government's recent announcements regarding the Third Way³ for health care reform.

There is stakeholder support for the first theme of the Mazankowski Report that recommends that more should be done with respect to "enabling people and communities to take more responsibility for health." A key action area was to "strengthen health education in schools" and ACHSC can provide expertise in this area through their strong network. Furthermore, ACHSC can lead in taking action on the recommendation that "health programs need to be updated and energized on a regular basis to ensure that they reflect the latest information and are interesting for children and young people." The latest information in school health promotion programs points to evidence that comprehensive, integrated and coordinated approaches are necessary to gain the interest of and improve the health of school-aged children and youth (see section C).

The recent Third Way announcements outline actions on various recommendations of the Mazankowski Report and one is to "introduce a school curriculum on wellness to begin making Albertans the healthiest people in Canada." ACHSC can support government and school communities in implementing this recommendation and other areas of school health promotion.

Align with Alberta Healthy Living Network

Success in school health promotion relies on shared knowledge and collaborative work with a broad range of people and initiatives. Therefore, this strategic plan is specifically designed to integrate and coordinate with the Alberta Healthy Living Network (AHLN)⁴. The AHLN mission is "to provide leadership for integrated, collaborative action to promote health and prevent chronic disease in Alberta". This network is made of key health promotion stakeholders in the province and we look forward to working together to target school-aged children and youth.

One key outcome of the AHLN is to encourage provincial stakeholders to develop strategic plans that address and align with priority strategies outlined in the framework. This Strategic Plan follows the seven strategies of the framework: *Partnership Development & Community Linkages, Awareness and Education, Surveillance, Best Practices, Research and Evaluation, Health Disparities, and Healthy Public Policies*.

² http://www.premiersadvisory.com/pdf/PACH_report_final.pdf

³ <http://www.gov.ab.ca/home/index.cfm?page=958>

⁴ <http://www.health-in-action.org/AHLN>

Support Alberta's Commission on Learning

Several recommendations and actions of the Commission on Learning can be linked and strengthened through the Plan:

#1 Establish parenting centers in communities across the province

The 20 Parent Link Centres across the province delivering services out of approximately 30 Centre locations and approximately 70 satellite sites hold potential for partnerships and community linkages to support school health promotion.

#4 Ensure better coordination of programs for children provided by the provincial government and at the community level.

The comprehensive school health approach calls for close linkages with initiatives such as the Student Health Initiative, Children and Youth with Complex Needs, and Youth in Transition. School health promotion initiatives will not duplicate these programs because they do not focus on the delivery of health services: they focus on ensuring coordination with services.

#7 Introduce a new wellness program for all students from kindergarten to grade 12.

Through linking and strengthening existing initiatives (e.g., Daily Physical Activity Initiative (Grades 1-9), Ever Active Schools, Schools Come Alive, Health Promoting Schools Initiative-David Thompson Health Region, Calgary Rockyview Partnership, Whole School Mental Health Promotion Pilot Project – Southern Alberta Child and Youth Health Network, Society for Safe and Caring Schools and Communities), and working with the new School Health and Wellness Manager – comprehensive school health can inform a new wellness program and be responsive to the unique needs of each school communities can be addressed (see Appendix 1 for more information).

#13 Require every school to operate as a professional learning community.

Through strengthening programs such as Schools Come Alive, partnering with the considerable expertise of the Alberta Regional Professional Development Consortia, and building upon the Alberta Initiative for School Improvement model (see Appendix 2 for more information) -- intersectoral and interdisciplinary network development and knowledge exchange strategies can be strengthened in school health promotion.

#20 Ensure that schools become the centre of a wide range of coordinated, community services

The implementation of the Strategic Plan can assist regional networks and local school communities in coordinating healthy school community initiatives and linking community services.

#54 Continue to support research and innovative approaches for improving student outcomes.

Through building upon the lessons learned from initiatives such as the Alberta Initiative for School Improvement and working with university-based school health promotion projects, the Strategic Plan can assist in linking health outcomes with student educational outcomes through research, evaluation and surveillance.

#85 Reinforce the role of school councils and require principals to actively engage parents.

Through linking with the Alberta Home and School Council Association and other partners a vital characteristic of comprehensive school health – the connection between school, home and community -- can be strengthened. The Strategic Plan can assist in engaging parents and families in health promotion and school improvement plans.

Health of school-aged children and youth

The recent publication *Child Health Surveillance Report 2005*⁵ profiles the health status of Alberta children and indicates that Alberta children enjoy excellent health overall. It also states:

There are areas of concern for Alberta's children, however. Some of our children are subjected to abuse and/or neglect, many children are overweight or inactive, some children contract sexually transmitted infections, and many children experience hospitalizations and emergency room visits due to injuries. We need to work toward eliminating the incidence of these preventable health concerns.

This Strategic Plan will support working together on improving the health of Alberta's school-aged children and youth. The philosophy and principles are grounded in taking into account the whole range of factors that determine health and put forward a range of strategies in the school setting.

Selected highlights from the *Child Health Surveillance Report 2005* are as follows:

- *In 2004, people between the ages of 0 and 19 made up 27.3% of Alberta's population. In 2004, 41.8 % of the First Nations population was between 0 and 1 years of age.*
- *According to the Market Basket Measure, 15.4% of Alberta children lived in low-income families in 2000.*
- *The National Child Benefit Supplement is given to 31.4% of Alberta's children.*
- *A significant number of Alberta children, especially those with single mothers, are at risk of not having basic needs met.*
- *Virtually all Alberta parents report positive interactions with their 2 to 3 years olds, but such interactions are less likely as the children get older.*
- *More than 1% of Alberta children are abused and/or neglected each year.*
- *29% of Alberta children were overweight in 2000/01.*
- *In 2002, 19% of Alberta students in grade 5 to 9 reported ever try trying cigarettes, down from 39% in 1994. 16% of 15 to 19 year olds reported being current smokers and smoking more than 100 cigarettes in their lifetime.*
- *Alcohol consumption is widespread among Alberta youth.*
- *In 2002/03, 11.5% of Alberta children showed delayed motor and social development and 11% showed advanced development.*
- *Delayed cognitive development was indicated in 10.7% of Alberta children in 2003/03, with advanced development in 16.7% of children.*
- *In 2003, attention deficient disorder was diagnosed in 33 out of every 1,000 boys in Alberta and 10.5 out of every 1,000 girls. The rate increased for boys and girls between 1998 and 2003.*
- *There is increased risk of anxiety and depression in 15 to 17 year olds. Anxiety and depression are more common in girls than in boys.*
- *Diabetes in childhood is increasing.*
- *Asthma is common, especially among boys.*
- *Sexually transmitted diseases are being contracted by Alberta youth. Rates are higher for girls.*
- *Rates of Chlamydia and gonorrhoea are increasing for girls. Gonorrhoea rates are increasing for boys.*
- *Injuries are the leading cause of mortality for children age 1 to 19 years with motor vehicle collisions as the major cause.*

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http://www.health.gov.ab.ca/resources/publications/ACH_Surveillance.pdf

D. COMPREHENSIVE SCHOOL HEALTH

Comprehensive school health (CSH) is an approach to health promotion in the school setting that is recognized around the world as best or promising practice. The World Health Organization, International Union for Health Promotion and Education, and the Public Health Agency of Canada are three organizations that advocate for CSH. Numerous initiatives across Canada, Australia, United Kingdom and United States are reported in the literature and indicate promising outcomes, however, more evaluation research is called for. The term *Comprehensive School Health* is used in Canada, *Health Promoting Schools* is used in Europe and Australia, and *Coordinated School Health* is used in the United States and all generally recognize the following interrelated components (see also Appendix 1 for more information on implementing CSH):

- A ‘whole’ school approach is adopted where students, teachers, parents, school staff, community groups, agencies, and institutions work together on key priorities for improving health and educational attainment.
- Priority health issues are addressed and capacity is strengthened through integration, coordination, and enhancements to a) curriculum and teaching methods, b) social and physical environments, and c) home, school, and community partnerships and services.
- Identified champions of the CSH approach provide leadership in schools.
- Facilitation of coordinating processes in schools helps assure success.
- Strategies or interventions that are implemented are evidence-based or have a strong indication that they are best practice.
- Evaluation methods are utilized to report on the benefits or desired outcomes for school communities.

Eight Guiding Principles

ACHSC developed the following principles to guide comprehensive school health practice:

1. Understand 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.
2. Emphasize proactive 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.
3. Ensure the participation of individuals and communities whose health is to be influenced.
4. Strengthen collaboration through broad-based, multidisciplinary, and intersectoral partnerships (e.g., health, education, children's services, community development).
5. Respect skills, values, and experiences of diverse people and cultures.
6. Develop policies which are supportive of health.
7. Pursue social justice to reduce health disparities.
8. Recognize that “it takes time”.

Best Practice *A best practice is a technique or methodology that, through experience and research, has proven to reliably lead to a desired result. A best practice tends to spread throughout a field or industry after a success has been demonstrated. According to the American Productivity & Quality Center, the three main barriers to adoption of a best practice are a lack of knowledge about current best practices, a lack of motivation to make changed in their adoption, and a lack of knowledge and skills required to do so.*

Source: http://searchvb.techtarget.com/sDefinition/0..sid8_qci498678.00.html

E. STRATEGIC PLAN

GOAL 1 The ACHSC network provides coordination for comprehensive school health approaches in Alberta.

Objective 1.1 Effective *partnerships and community linkages* are established to maintain the ACHSC network as the provincial leader for CSH in Alberta.

Strategies

- | | |
|---|--|
| 1.1.1 Strengthen the governance of the ACHSC organization by creating a provincial Board of Directors composed of senior level decision makers in government ministries, business, regional health authorities, school boards, and parent, child and youth service non-government organizations. | 1.1.4 Maintain linkages to appropriate granting agencies and seek special project grants for short term priority projects. |
| 1.1.2 Secure long term sustainable funding from a cross-ministerial initiative to strengthen existing initiatives and maintain the ACHSC network as a dedicated provincial support that provides school communities with the help they need to effectively implement CSH. | 1.1.5 Link with relevant national and international school health initiatives to advocate for and advance CSH. |
| 1.1.3 In collaboration with network partners, create and/or support existing regional intersectoral networks to advocate for the adoption of CSH approaches, share knowledge as to best or promising practice, develop and implement strategies for action, and lead in partnership development and community linkages (see 1.2.1). | |

Outcomes

- ❑ ACHSC is a credible organization where leadership is provided through a network of individuals from key stakeholder sectors and organizations in order to set direction and ensure that school health promotion is addressed in business plans and community priorities.
- ❑ Linkages among decision makers result in shared vision and effective advocacy for the ACHSC Strategic Plan.
- ❑ Necessary resources are acquired for the viability and sustainability of the ACHSC network.
- ❑ Regional networks build upon effective existing structures for collaboration and are responsive to the unique needs and capacities of each region.
- ❑ Participation of the ACHSC network is evident in provincial, national and international school health initiatives.

Regional Networks

It is proposed that Regional Networks could be aligned with the Alberta Regional Professional Development Consortia (ARPDC) boundaries (www.arpdc.ab.ca) in order to build upon this existing and widely respected professional development forum for educators. There are no similar provincial structures for professional development in the health promotion field. It is envisioned that there would be several regional networks within the geographical boundaries each Consortium in order to establish relationships as close to the local school community as possible. This Strategic Plan offers a strategy to create space for interdisciplinary educational opportunities for CSH.

It is proposed that **Regional Knowledge Brokers** (see 1.2.1) work collaboratively with ARPDC and regional networks as well as field requests from local school communities. It is proposed that Knowledge Brokers would work with the following six consortia: Northwest Regional Learning Consortium; Edmonton Regional Learning Consortium; Learning Network Educational Services; Central Alberta Regional Consortium; Calgary Regional Consortium; and Southern Alberta Professional Development Consortium.

Objective 1.2 There is *awareness and education* among Alberta school communities of the ACHSC network and the supports available to help implement CSH.

Strategies

- 1.2.1 In collaboration with network partners, establish Regional Knowledge Brokers to coordinate and facilitate professional learning communities (communities of practice) in order to provide school communities with the knowledge, skill, and resources to support best or promising practice with respect to healthy school community development.
- 1.2.2 In collaboration with network partners identify on an on-going basis best or promising practice to support development processes, policies, strategies, and delivery systems. Maintain on an ongoing basis a clearinghouse of information and resources for best practice.
- 1.2.3 In collaboration with network partners, coordinate educational opportunities and implement mechanisms for communicating and disseminating effective and ineffective practice.

- ❑ ACHSC plans and implements effective knowledge exchange strategies (e.g., knowledge brokering, provincial conferences, regional workshops/learning events, resource material, websites, list serves, background papers, newsletters, etc.) ensuring that they meet the needs of school communities.
- ❑ School communities have knowledge of ACHSC and the supports available to help implement CSH.

Knowledge Brokering

Knowledge brokering is described by the Canadian Health Services Research Foundation (www.chsrf.ca) as

"link[ing] researchers and decision makers together, facilitating their interaction so that they are able to better understand each other's goals and professional culture, influence each other's work, forge new partnerships, and use research-based evidence.

The study and organization of knowledge brokering is an emerging activity in the field of knowledge exchange, intended to encourage and facilitate knowledge exchange and embed it into the operational culture of the health services field."

Outcomes

- ❑ Regional Knowledge Brokers provide a personal contact and a trusted source of relevant information that support evidence-based practise in CSH.

Objective 1.3 The ACHSC network participates in *research, evaluation, and surveillance* with respect to creating and sustaining healthy school communities in Alberta.

Strategies

- 1.3.1 In collaboration with network partners, develop and maintain a provincial inventory that is updated on an ongoing basis to describe school health promotion initiatives in Alberta schools and report on the degree to which CSH approaches are implemented.
- 1.3.2 In collaboration with network partners, work towards the development of a comprehensive school-aged child and youth surveillance/monitoring system

linking data across sectors (health, education and children's services).

- 1.3.3 Partner in research and evaluation projects with respect to creating and sustaining healthy school communities.
- 1.3.4 In collaboration with network partners, explore the development of a provincial research agenda for healthy school communities to facilitate links between researchers and school communities.

1.3.5 In collaboration with network partners, develop and utilize an evaluation framework for the ACHSC network that offers direction for an annual assessment of organization's capacity in order to build upon successes and areas for improvement.

- ❑ The ACHSC network monitors progress toward the vision of "every school-aged child and youth is part of a healthy school community".
- ❑ There is access to high quality surveillance data as to the health and well-being of Alberta school-aged children and youth.
- ❑ The ACHSC network is a professional learning community (community of practice) where research and evaluation projects and surveillance data are coordinated and disseminated to meet the needs of stakeholders and school communities.

Outcomes

Objective 1.4 The ACHSC network strengthens understanding of *health disparities* among children and youth, families, and communities and provides supports to help address these issues through CSH.

Strategies

1.4.1 In collaboration with network partners, develop knowledge exchange strategies to strengthen understanding of the socio-economic determinants of child, family, and community health in school settings.

CSH programming to high needs school populations and geographic areas.

1.4.2 In collaboration with network partners, provide school communities with best practices to address health disparities.

Outcomes

- ❑ School communities have a strong understanding of the determinants of child, family and community health disparities and have access to supports to help them address these issues.

1.4.3 In collaboration with network partners advocate for more intensive, targeted

- ❑ Health disparities in children and youth will be addressed through CSH.

Objective 1.5 The ACHSC network provides school communities with the support they need to develop and implement *healthy school community policies*.

Strategies

policy development, implementation, and evaluation.

1.5.1 In collaboration with network partners, complete position papers addressing areas for healthy school community policies.

Outcomes

1.5.2 Act as a provincial resource for school communities who are seeking support in

- ❑ School communities have the support they need in developing, implementing and evaluating healthy school policies.

GOAL 2 **The ACHSC network advocates for the adoption of comprehensive school health approaches and the implementation of best or promising practice in all school communities in Alberta.**

Objective 2.1 **Effective partnerships and community linkages are established to advocate for the adoption of CSH and the implementation of *best or promising practice* in school communities.**

Strategy

2.1.1 Through ACHSC partners and community linkages, establish an Alberta Healthy School Community Fund to provide resources for Facilitators to work with a CSH approach in school communities in Alberta and to provide resources for the implementation of best practices.

Outcomes

- ❑ Effective advocacy on the part of partners and community linkages result in funding for local school community level action and increased number of schools adopting a CSH approach.
- ❑ Decision/policy makers, school-based professionals, and community members advocate for implement best practices for CSH that promote health and academic success in children and youth.

Alberta Healthy School Community Fund

The idea behind the creation of an Alberta Healthy School Community Fund came in large part from discussions with potential private sector funders. It was apparent that the private sector would be most interested in providing funds directed to action at the local school community level – funds that would reach school-aged children and youth -- as opposed to providing funding to sustain provincial coordination. It is envisioned that this fund would be established by a group of influential Champions for school health promotion and administered by an Expert Committee.

Thus, the proposed aim of the Alberta Healthy School Community Fund is to build capacity of local school communities to implement comprehensive school health approaches. Through the ACHSC stakeholder consultation process, we heard that a key barrier to implementing CSH in Alberta today is the lack of knowledgeable and skilled Facilitators who can support the collaborative planning, implementation, and evaluation of CSH in school communities. Therefore, we have married the desires of the private sector and the needs of schools. We consciously put "school communities" at the center of attention.

There are excellent models in Alberta from which we can build upon. We do not have to start from scratch. For example, Ever Active Schools is associated with over 100 schools and advocates for a CSH approach, however, resources are stretched thin. Although the focus to date is on increasing physical activity there are a whole host of issues that emerge from the process – because with CSH, the unique circumstances of each school are revealed, be it bullying, need for breakfast programs, etc.

There is excellent work being done through collaborative efforts between health authorities and schools and there are a variety of "delivery systems" (e.g., Calgary Rockyview Partnership and the David Thompson Health Region's Health Promoting Schools Initiative). We believe that CSH planning, implementation, evaluation and funding must be linked to regional intersectoral planning networks.

The Alberta Initiative for School Improvement offers an excellent model for a school health promotion initiative. Many of the characteristics of this initiative and the plan proposed in this document are shared (please see Appendix 2 for more information).

There are also potential opportunities to partner and collaborate on school health promotion intervention research initiatives that require local school community facilitation and action. It is thought that perhaps the Alberta Healthy School Community Fund could provide a meeting place for research initiatives and funding to come together.

APPENDIX 1. GUIDE TO IMPLEMENTING CSH

Alberta Education developed a *Health and Life Skills Guide to Implementation (K-9)*. The delivery of this program is based on a CSH approach. The following excerpt⁶ is taken from the guide and offers one approach to implementing CSH.

Comprehensive School Health

Integrated approach

Comprehensive school health is an integrated approach that gives students opportunities to observe and learn positive health attitudes and behaviours. It includes a broad spectrum of programs, activities and services that take place in homes, schools and communities in order to help children and youth enhance their health, develop to their fullest potential, and build productive and satisfying relationships. The programs, activities and services developed within comprehensive approaches involve young people, families, schools, agencies and organizations concerned with children and youth. Strong support networks, services, physical environments and instruction are all important determinants of health. Each of these factors can be positively influenced through a comprehensive school health approach.

The essential feature of the comprehensive school health approach is the connections among these components—support networks, services, physical environments and instruction. The comprehensive school health approach involves people working together so that all young people can make positive choices to enhance their own health and the health of the communities in which they live.

Implementing comprehensive school health

Comprehensive school health is a process that starts from the specific school's current situation, and evolves from that school's unique concerns and priorities. As a result, a comprehensive health approach looks different in each school. The needs, issues and concerns of students and their families vary from school to school depending on the ages of the student population, geographic location, and social climate of the school and community. One strategy for implementing a comprehensive school health approach includes the following steps.

1. Establish a school-based leadership team by identifying key players, such as administrators, health educators, physical educators, school counsellors, local health unit staff, parents and supporting health partners from community agencies.
2. Develop a common mission and language. Define what a healthy school is and identify what healthy school practices would look like.
3. Ensure school staff understand and support the comprehensive school health approach.
4. Conduct a needs assessment survey to identify student, family and staff needs.
5. Map existing school-based and community resources, and identify duplications and gaps in service.
6. Use the resource map and needs assessment data to prioritize program needs and make decisions about how to strengthen or modify existing efforts.
7. Analyze potential barriers to implementing this approach and develop strategies to overcome these challenges.
8. Develop an action plan that includes:
 - ✓ professional development opportunities
 - ✓ a funding structure that identifies existing and potential resources
 - ✓ communication activities that expand and maintain community awareness
 - ✓ evaluation.

⁶ Source: Comprehensive School Health. *Health and Life Skills Guide to Implementation (K-9)*. Page 34. 2002 ©Alberta Learning, Alberta, Canada

APPENDIX 2. ALBERTA INITIATIVE FOR SCHOOL IMPROVEMENT (AISI)

The following information was retrieved from Alberta Education's website (http://www.education.gov.ab.ca/k_12/special/aisi/default.asp) and provide further information on AISI.

AISI is a bold approach to supporting the improvement of student learning by encouraging teachers, parents, and the community to work collaboratively to introduce innovative and creative initiatives based upon local needs and circumstances. AISI is characterized by the following 11 attributes.

1. **Partnership** - AISI is a partnership among teachers, superintendents, trustees, business officials, universities, parents, and government. By working together, the partners continue to develop new relationships, strategies, and practices that provide long-term benefits to teaching and learning in our province.
2. **Catalyst** - AISI is a catalyst for change. The common goal, targeted funding, partnership, positive climate, and supportive infrastructure act in concert to achieve significant change in teaching and learning.
3. **Student focused** - AISI communicates a compelling commitment to school improvement that aligns with the long-term vision of Alberta Education. AISI projects continue to strengthen the focus on student learning and accommodate the diverse learning needs of individual students and special populations.
4. **Flexibility** - School authorities choose strategies that enhance learning in the local context.
5. **Collaboration** - Projects are developed and implemented with meaningful involvement of the school community. The active engagement of staff, students, parents and partners is critical to project success.
6. **Culture of Continuous Improvement** - AISI promotes a culture of continuous improvement that is evident in schools and jurisdictions that clearly align school improvement goals, classroom practices and performance.
7. **Evidence-based Practice** - Evidence that educational practices benefit student learning and performance, through the collection, analysis and interpretation of data, is foundational to AISI. The use of multiple methods and data sources gives Albertans confidence in the results.
8. **Research-based Interventions** - Solid research provides a reasonable expectation that improvement will occur. Implementation of effective instructional strategies is core to AISI projects. AISI is a vehicle for testing the efficacy of these interventions in the Alberta context.
9. **Inquiry and Reflection** - A clear focus on student learning is the foundation for inquiry and reflection. Analyzing strategies that worked and building on them lead to continuous improvement. Strategies that did not work as expected can provide important information about what needs to change and what might be successful.
10. **Building Capacity and Sustainability** - Effective PD is planned, systemic and sustained. Promising practices, tools, products and processes developed and/or acquired through AISI will benefit Alberta's students in the future.
11. **Knowledge** - AISI contributes to the body of knowledge about teaching, learning, and instructional improvement. The AISI family shares this knowledge widely through conferences, reports, the Clearinghouse, and provincial networking sessions.

II. Background

- The goal of AISI is to improve student learning and performance by supporting initiatives that address unique needs and circumstances within school authorities.
- AISI funding is targeted, which means it is provided to school authorities for specific local initiatives that are focused on improving student learning. This funding is in addition to basic instruction funding.
- All school authorities in Alberta (ECS to grade 12) are eligible to receive AISI funding at the rate of about \$125 per registered student in grades 1 to 12 in public school authorities, \$75 for private school students (60% of public school funding), and \$62.50 for Early Childhood Services (Kindergarten) students.
- The funding entitlement to each school authority for any given school year is based upon the previous September 30th registered student count.
- 807 AISI projects were developed and implemented during the first cycle (2000-2003): 528 from public school authorities and 279 from private school authorities.
- All provincially funded school authorities in Alberta have participated in Cycle 1 and Cycle 2 of AISI: 77 public school authorities (public, separate and Francophone districts, and charter schools) and 231 private school authorities (115 private schools and 116 ECS private operators).
- About 460 projects have been approved for the second cycle of AISI, which began in September 2003.⁷

To accomplish the goal of AISI, the Government of Alberta invested \$204 million (\$68 million for each year of operation) to implement the first cycle of AISI (2000 to 2003). Based on the success of the first cycle, funding of \$68 million for the first year, and about \$70 million for years two and three have been committed to implement the second cycle of AISI (2003-2006).

AISI Impacts

During its initial three years of implementation, AISI has had the following impacts on the culture of schools in Alberta:

- Improved student learning
- Culture of continuous improvement
- Evidence-based decisions
- Renewed focus on teaching and learning
- Job-embedded professional development
- Innovation and creativity
- Shared and distributed leadership
- Shared language
- Engaged parents
- Research in classrooms

APPENDIX 3. SUMMARY OF STRATEGIC PLAN: GOALS AND OBJECTIVES

GOAL 1 **The ACHSC network provides coordination for comprehensive school health approaches in Alberta.**

Objectives

- 1.1 Effective *partnerships and community linkages* are established to maintain the ACHSC network as the provincial leader for CSH in Alberta.
- 1.2 There is *awareness and education* among Alberta school communities of ACHSC network and the supports available to help implement CSH.
- 1.3 The ACHSC network participates in *research, evaluation, and surveillance* with respect to creating and sustaining healthy school communities in Alberta.
- 1.4 The ACHSC network strengthens understanding of *health disparities* among children and youth, families, and communities and provides supports to help address these issues through CSH.
- 1.5 The ACHSC network provides school communities with the support they need to develop and implement *healthy school community policies*.

GOAL 2 **The ACHSC network advocates for the adoption of comprehensive school health approaches and the implementation of best or promising practice in all school communities in Alberta.**

Objective

- 2.1 Effective *partnerships and community linkages* are established for the adoption of CSH and the implementation of *best practice* in school communities.

APPENDIX 4. SUMMARY OF STRATEGIC PLAN: OUTCOMES

Partnerships and community linkages

- ACHSC is a credible organization where leadership is provided through a network of individuals from key stakeholder sectors and organizations in order to set direction and ensure that school health promotion is addressed in business plans and community priorities.
- Linkages among decision makers result in shared vision and effective advocacy for the Plan.
- Necessary resources are acquired for the viability and sustainability of the ACHSC network.
- Regional networks build upon effective existing structures for collaboration and are responsive to the unique needs and capacities of each region.
- Participation of the ACHSC network is evident in provincial, national and international school health promotion initiatives.

Awareness and education

- Regional Knowledge Brokers provide a personal contact and a trusted source of relevant information that supports evidence-based practice about CSH in school communities.
- The ACHSC network plans and implements effective knowledge exchange strategies (e.g., face to face strategies such as conferences and workshops; electronic strategies such as websites and listserves, hard copy resources such as tools, newsletters, and background papers, etc).
- School communities have knowledge of the supports available to help implement CSH.

Research, evaluation and surveillance

- The ACHSC network monitors progress toward the vision of "every school-aged child and youth is part of a healthy school community".
- There is access to high quality surveillance data on the health and well-being of Alberta school-aged children and youth.
- The ACHSC network is a professional learning community (community of practice) where research and evaluation projects and surveillance data are coordinated and disseminated to meet the needs of stakeholders and school communities.

Health disparities

- School communities have a strong understanding of the determinants of child, family and community health disparities and have access to supports to help them address these issues.
- Health disparities in children and youth are addressed through CSH.

Healthy public policy

School communities have the support they need in developing, implementing and evaluating healthy school policies.

Best or promising practice

- Decision/policy makers; health, education and social service professionals; and community members implement best practices for CSH that promote health and academic success in children and youth.
- Effective partnership development and advocacy result in funding for local school community level action and increased number of schools adopting a CSH approach.



Alberta Coalition for Healthy School Communities

For further information and/or to make recommendations as to the *Draft Strategic Plan: Building Capacity for Healthy School Communities through Comprehensive School Health* please contact any Executive Committee member (contact on information on www.achsc.org) or Lori Baugh Littlejohns at lori@achsc.org or 401-318-2318.