Peel Public Health: Healthy Schools Approach Pilot Project Evaluation Report

February 2014

Region of Peel
Working for you
Public Health

CDI-0564 14/08

AKNOWLEDGEMENTS

Harry Cummings and Associates Inc. were retained by Peel Public Health to prepare a technical report outlining the evaluation of the Peel Healthy Schools Approach Pilot Project. This evaluation report is based on the Peel Healthy Schools Approach Pilot technical report. Reference information for the technical report can be found below:

Harry Cummings & Associates Inc.
"Peel Healthy Schools Pilot Technical Document"
96 Kathleen Street
Guelph, ON
N1H 4Y3
519-823-1647

TABLE OF CONTENTS

Executive Summary……..3

Introduction……5

Purpose……..6

Methods……6

Findings……8

Limitations……18

Discussion……19

Recommendations……..19

References……..20

Appendices……21

Appendix A: Healthy Schools Approach Model……..22

Appendix B: Toolkit Contents……..23

Appendix C: Overview of Peel Public Health's Strategic Priorities……..24

Appendix D: Healthy School Continuum form Joint Consortium for School Health Healthy School Planner…..25

EXECUTIVE SUMMARY

Introduction

In 2007, the Peel Public Health School Health Program adopted the Foundations for Healthy Schools Framework, released jointly by the Ministry of Education and Ministry of Health Promotion, to promote health in schools. The 2008 Ontario Public Health Standards further reflected the movement towards working comprehensively to influence the development and implementation of health policies to support the creation or enhancement of supportive environments (Ministry of Health and Long-Term Care, 2008).

In 2010, the School Health Program initiated a pilot evaluation of the comprehensive model: the Healthy Schools Approach. This evaluation included four steps: getting started, assessing your school, planning and taking action, and evaluating and celebrating. Tools, including templates to assist schools in planning strategies to influence healthy behaviours, were also included in the pilot evaluation.

Purpose

The purpose of this study was to evaluate the implementation of the Healthy Schools Approach process; understand the relevance, sustainability and impact of the Approach; and evaluate the toolkit materials.

Method

This study used mixed methods to obtain comprehensive data on the perceptions of the Healthy Schools Approach, process and toolkit. Twenty two schools from both the Peel District School Board and Dufferin-Peel Catholic District School Board participated in this pilot. Data was collected through surveys and focus group sessions with lead teachers and administrators from the pilot schools, as well as public health nurses (PHNs). Key informant interviews were conducted with a school board representative and Peel Public Health manager. Harry Cummings & Associates Inc. conducted the pilot evaluation.

Findings

Benefits of the Healthy Schools Approach

Administrators and teachers highlighted the planning and evaluation tools, expanded community partnerships and satisfaction with the supportive role of the PHN, as benefits to engaging in the Approach. Further, administrators and teachers reported increased student motivation towards, and participation in, healthy eating and physical activity programs and decreased incidences of bullying as direct impacts of engaging in the Healthy Schools Approach.

Barriers to the Healthy Schools Approach

Noted barriers to engaging in the Healthy Schools Approach included a complex toolkit, lack of staff and financial resources, and lack of commitment from the school boards.

Conclusion

All three participant groups were able to provide their perspectives on the process, implementation, evaluation, achieved successes from utilizing the Healthy Schools Approach, the role of the PHN, the toolkit, as well as barriers and limitations related to the various facets of the Approach.

This evaluation highlighted the need to approach schools "where they are at" and utilize the tools to tailor the Approach to suit each schools' unique needs and stage. Although most schools recognized and reported movement in their placement on the Healthy Schools Approach continuum, it must be acknowledged that each school may require different resources, such as customized approaches, PHN support, and resources.

Recommendations

- Revise the toolkit by streamlining the content, make it available on-line (schoolhealth101.ca) and provide additional orientation sessions with schools to review the content.
- Continue to administer an annual questionnaire on the program to continuously resolve barriers and analyze progress made in implementing the Approach.
- Continue to ensure that PHNs support:
  - schools engaged in the Approach; and
  - improved environmental changes to support healthy eating, physical activity and tobacco-free living.
- Continue to seek support from both Dufferin-Peel Catholic District School Board and Peel District School Board for engagement in the Healthy Schools Approach.

INTRODUCTION

The following section includes a description of the Healthy Schools Approach as well as the history of the process.

History of the Healthy Schools Approach

Over the past 20 years, research has indicated that it is more effective to promote health in a comprehensive manner. Comprehensive health promotion in the school setting goes beyond knowledge and skills taught in the classroom; it encompasses the entire school setting with activities that address the social and physical environment, teaching and learning, school policy, and partnership (Stewart-Brown, 2006). This approach integrates health and well-being within the culture, day-to-day activities and core business of the school setting. Rather than simply eliminating factors that cause illness, a comprehensive approach focuses on developing the school community's ability to address health issues through activities that promote healthy behaviours (Joint Consortium for School Health, 2011). A more detailed description of the Healthy Schools Approach can be found in Appendix A.

Since 2005, the Ontario Ministries of Education and Health Promotion have been working together to support the internationally-recognized health promotion model: Foundations for a Healthy School. Further, these Ministries jointly released the Foundations for a Healthy School Framework in 2006, and encouraged school boards and public health units to adopt this comprehensive model.

The School Health Program had been utilizing a comprehensive School Health Approach model since 1999. In 2007, they adopted the Foundations for a Healthy School Approach and began to engage schools utilizing this newer health promotion model. This process was fully adopted in 2008, when the Ontario Public Health Standards mandated all boards of health to use a comprehensive health promotion approach when working with both schools and boards to help influence the development and implementation of healthy policies and to support the creation or enhancement of supportive environments (Ministry of Health and Long-Term Care, 2008).

The School Health Program initiated a pilot evaluation of the four-step process: getting started, assessing your school, planning and taking action, and evaluating and celebrating. Tools, including templates to assist schools in planning strategies to influence healthy behaviours, were also included in the pilot evaluation (Appendix B). The process is intended to guide a planning committee, which includes representatives from the school community, to identify issues, concerns and school strengths, and then plan strategies/activities to address these issues and concerns. Integral to the process, is including how to build sustainability and evaluation into the plan for their school.

PURPOSE

The following section describes the objectives of this evaluation.

Evaluation objectives

The purpose of this pilot was to evaluate the preliminary implementation of the Healthy Schools Approach and partnership between Peel Public Health and 22 pilot schools from both Dufferin-Peel Catholic District School Board and Peel District School Board. Specific objectives included:

- Effectiveness: Strengths and weaknesses of the Healthy Schools Approach implementation
- Challenges in the implementation of Healthy Schools Approach initiatives
- Relevance, sustainability and impact of the Healthy Schools Approach
- Implementation of and lessons learned from the use of the toolkit

METHODS

The following section describes the methodology used in this evaluation, including the school recruitment process, data sources used and an outline of the data collection time period. This evaluation used mixed methods to obtain comprehensive data on the perceptions of the Healthy Schools Approach, including processes and tools. Harry Cummings & Associates Inc. conducted the pilot evaluation.

School recruitment

In 2011, an evaluation plan for the pilot was developed by a steering committee that was comprised of participants from Peel Public Health, the Dufferin-Peel Catholic District School Board and Peel District School Board. Twenty-two schools, representing the two boards, were identified by PHNs to participate in the pilot project. The steering committee strived for a geographically representative group of schools; however, south Mississauga was not represented.

The Healthy Schools Approach was introduced to the 22 pilot schools, first by hosting an orientation meeting to introduce participation requirements, as outlined in Appendix A, for the participating school administrators and lead teachers.

Data sources

Data sources included surveys and focus groups with PHNs, administrators and teachers; key informant interviews with one school board administrator and one management staff member from Peel Public Health; one survey with school health/wellness committee representatives of completed health activities; and one focus group session with school champions. In addition, in December 2011 and again in June 2012, each pilot school's health/wellness committee completed a standardized questionnaire, developed by the Joint Consortium for School Health (JCSH) (JCSH website for on-line resources available in Appendix D).

Each focus group was conducted by a two-person independent team and lasted approximately 1.5 hours. Notes were recorded on a laptop and on flip charts. The key informant interviews were conducted via telephone. Data were collected over six months and participants attended three networking meetings. A timeline outlining the networking meeting dates and data collection points is displayed below in Figure 1.

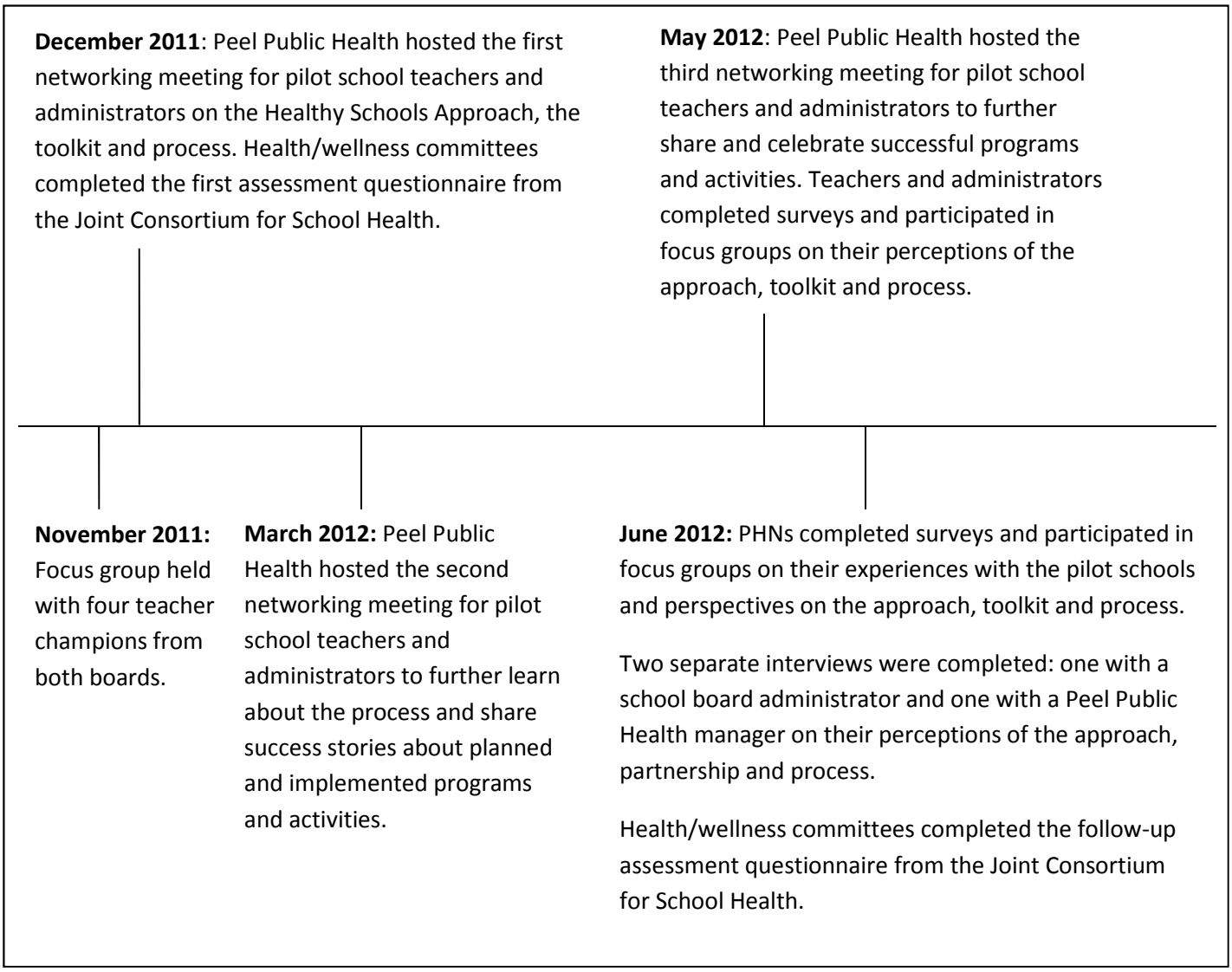

Figure 1. Timeline of networking meetings and data collection points

FINDINGS

The following section outlines the combined survey, themed focus group and key informant interview results. In total, 17 PHNs with an average of nine years of experience, nine administrators with an average of 19.9 years of experience, and 37 teachers with an average of 10.8 years of experience, completed surveys and participated in the focus group sessions. The focus group session with the four teacher champions included one champion from the Dufferin-Peel Catholic District School Board who led the School Food and Beverage Policy implementation and three champions from the Peel District School Board who led the Daily Physical Activity implementation.

Key results have been organized and presented by objective. Highlights include the planning and evaluation tools provided, observed changes in behaviour in certain schools, expanded community partnerships, increased student participation in activities that support healthy eating and physical activity, and an increased understanding of the Healthy Schools Approach. Noted challenges include a complex toolkit (contents outlined in Appendix B), lack of human and financial resources to fully commit to the Healthy Schools Approach, and lack of expressed school board commitment of the Approach.

Effectiveness: Strengths and weaknesses of the Healthy Schools Approach implementation

Public health nurses

During the focus group sessions, PHNs identified the following as important activities carried out using the Healthy Schools Approach with their pilot schools:

- Needs identification phase (assessment of what is currently being done in the school)
- Setting priorities
- Planning activities
- Ensuring sustainability of the committee and its activities
- Providing funding for teacher release time to attend networking meetings
- Students participating in the process

Administrators

During the focus group sessions, administrators identified the following as important activities carried out using the Healthy Schools Approach:

- Campaigns and school events to promote healthy eating
- Activities to support increasing physical activity (e.g., run, fitness camps, walking school bus)
- Mental wellness initiatives (e.g., Week of Pink, staff wellness, leadership training)
- Planning and organizing the activities, including conducting baseline surveys and school strategic planning

Further, the administrators noted specific actions undertaken in their schools; these five activities have been arranged by expressed priority:

1. Data collection for planning/"plan"
2. Community partnership collaboration
3. Healthy physical environment
4. Supportive social environment
5. Nutrition

Teachers

During the focus group sessions, teachers noted similar activities carried out using the Healthy Schools Approach as the administrators. Specifically, teachers noted the following, which have been arranged by expressed priority:

1. Anti-bullying activities and mental wellness (e.g., student pledges, rallies, Day of Pink) and recognition of peers through a bucket-filling initiative of good deeds taught students how to praise their peers and work together
2. Surveys and analysis of activities
3. Activities to support healthy eating with both staff and students (e.g., surveying students, introduction of breakfast clubs, developing new lunch menus, education on sugar contents in foods, promotion of community gardens, community potlucks)
4. Activities to support physical activity (e.g., wellness week, Playground Activity Leaders in Schools [P.A.L.S.] program, running clubs, walking activities, skating sessions)
5. Community partnerships

Noted changes as a result of the Healthy Schools Approach

Public health nurses

PHNs were asked about the changes they noted in their pilot schools, as a result of engaging in the Healthy Schools Approach. The PHNs expressed that this question was challenging, since they are not present in their schools every day. The PHNs reflected and emphasized that the school committees were better organized; now focusing on planning, priority setting and implementation, as a result of the Healthy Schools Approach, but that not enough time had elapsed to address sustainability.

Administrators

During the focus group sessions, administrators focused on the outcomes; specifically, they noted the value of their partnership with Peel Public Health as helping with their own school planning. They noted that the PHN role provided an external lens on the program, and PHNs asked good questions and provided a breadth of perspective and knowledge on potential funding opportunities. Further, the nine administrators identified specific changes in their schools, including:

- Awareness building of the Healthy Schools Approach
- Student participation in activities
- Healthy exercises/student participation (i.e., for students not involved in team sports)
- Safety implications (e.g., improvement of hallway safety and less incidents in the school yard during intramural activities)
- Fewer nutritional break issues and no more issues of hunger, as a result of starting breakfast clubs

Teachers

During the focus group sessions, teachers noted similar changes as the administrators. Specifically, the teachers indicated:

- Major changes in student awareness and attitude, for example, positive and inclusive school atmosphere
- Positive mental health and wellness (e.g., bullying self-confidence, mental illness, homophobia, general attitudes, support of younger children in conflict with older children, less conflict, less vandalism, better focus and less stress, students more aware and accepting of differences, students speaking out)
- Increase in student awareness of healthy eating (i.e., knowing what a healthy snack is) and participation in activities to support healthy eating
- Increase in student awareness of physical activity and participation in supportive activities during and after school hours

Teachers also identified that they worked at developing inclusive attitudes and approaches, effective recess and playground supervision techniques, building the Healthy Schools Approach agenda into their curriculum, and linking with parents by seeking their involvement and commitment. Teachers also noted that administrators have been supportive of the school health/wellness committee and its associated work.

Committee effectiveness at planning, implementing and evaluating activities

As a component of the survey, all participants rated their school health/wellness committee's effectiveness at planning, implementing and evaluating activities on a scale from one (low) to 10 (high). These elements are critical to the Healthy Schools Approach, as they are good indicators of sustainability, particularly the evaluation component. Overall, PHNs rated their committees' effectiveness at evaluation low (3.5), which may be indicative of the first year of the pilot process. Table 1 below displays each participant group's average score for each of these three elements.

Table 1. Average participant response to the effectiveness of the health/wellness committee at planning, implementing and evaluating activities by participant group

Program Elements	Public Health Nurses	Administrators	Teachers
Planning activities	6.1	7.9	7.8
Implementing activities	6.6	8.0	7.6
Evaluating activities	3.5	6.7	6.3

Public health nurse support

In total, PHNs attended 92.3 per cent of all health/wellness committee meetings, and 45.9 per cent of all meetings were chaired by PHNs. Further, administrators and teachers were asked to rate the effectiveness of the PHN role in supporting the school committee on a scale from one (low) to 10 (high). On average, administrators rated the effectiveness of the PHN role as 8.1, and teachers rated it as 8.7. In addition, during the focus group sessions, both administrators and teachers verbalized that PHN support is crucial to the success of the school in transitioning through the Healthy Schools Approach. Specific feedback included:

- PHNs are motivators of the program
- PHNs are essential to the program – without them, the program will not work
- Consistency of the PHN is essential to the momentum of the school's programs and progress

Community partner support

All participants indicated that community partners have contributed to their school's successful efforts. Municipal, non-governmental and sports organizations, as well as Peel Regional Police, local farmers and private organizations, were all cited as partner organizations to the participating pilot schools.

PHNs indicated that their contacts with community partners increased as a result of being engaged in the Healthy Schools Approach. They also indicated that many agencies are actively involved in schools and that Peel Public Health and the schools need to collaborate more effectively with all community partners. They expressed that this need is particularly important at the planning stage. With this, PHNs rated the increase in involvement of community partners during the pilot period low at 3.5 out of 10.

Administrators were also asked about the involvement of community partners. They reported that community partner involvement increased during the pilot period and rated this increase in involvement as 6.9 out of 10. Teachers also reported a modest increase in community partner support and rated this increase as 5.5 out of 10.

Challenges in the implementation of Healthy Schools Approach initiatives and changes needed to facilitate the process

Public health nurses

The public health nurses (PHNs) reported various challenges to implementing the Healthy Schools Approach related to the School Health Program, Peel Public Health, including:

- The program was disorganized
- The announcement of the pilot in June 2011 was too premature for schools to start engaging in the process in September, so they were unable to deliver all that was promised
- The program did not appear to have full buy-in from both school boards
- Committees and the PHNs on the committees were unsure about their relative roles
- Not enough support was provided on how to communicate the program to their committees
- It was often unclear what the best practices were from the literature and how impact could be maximized
- The program expected results immediately and that the timing was too short to see sustainable results

Administrators

The administrators expressed challenges to implementing the Healthy Schools Approach, including:

- Lack of buy in from staff and not enough staff to be involved with the committee
- Lack of parent involvement
- Lack of money (i.e., finding corporate sponsors is difficult, money has not been committed by the school boards)
- Lack of time to respond to the identified needs
- Lack of supportive school community (e.g., availability of fast food outlets)
- Lack of direction and objectives from school board and Ministry
- The need to build health and wellness into the core of the program
- The need for a societal shift to support healthy programs and activities

Teachers

The challenges that the teachers noted included lack of parent and student involvement, time, and fighting popular culture and lifestyles to achieve health and wellness benefits.

Relevance

Focus group findings

During the key informant interview and focus group sessions, public health nurses (PHNs) were asked how the Healthy Schools Approach aligns with and contributes to Peel Public Health's strategic priorities (Region of Peel, 2010) (Please see Appendix C for a listing of the strategic priorities). The PHNs communicated the alignment of the Healthy Schools Approach with Peel Public Health's strategic priorities, with specific comments including:

- It is a population health (whole population) approach
- This Approach emphasizes health not illness
- The pilot and the strategy both push evidence-informed decision making
- This initiative enforces the importance of the multi-pronged approach
- This program has a broad reach to the community as a whole, an important factor for Peel Public Health
- The pilot reinforces a community development approach, a principle of the strategic framework

Further, PHNs were asked how relevant the Healthy Schools Approach is to School Health's strategic framework. On average, PHNs rated the relevance as 8.5 out of 10. PHNs rated the relevance of the Approach to the schools' strategic frameworks lower, with an average rating of 5.8 out of 10.

Support for Peel Public Health priority health topic areas

All three participant groups rated their school committee's focus on healthy eating, physical activity, tobacco prevention and climate (i.e., supportive environment) as a score from one (no involvement) to 10 (full involvement). Overall, as outlined in Table 2 below, administrators assigned higher ratings to all health topics, as compared to the PHNs and teachers. PHNs and teachers assigned climate the highest rating (8.3 and 8.1 respectively); administrators also rated climate very high at 9.1.

Table 2. Participant response to health committee focus by health topic

Health Topic	Public Health Nurses	Administrators	Teachers
Healthy eating	6.5	9.2	7.3
Physical activity	4.6	8.8	7.2
Tobacco prevention	2.3	3.5	3.3
Climate	8.3	9.1	8.1

Sustainability

During the focus group sessions, all three participant groups were asked about sustainability of the Healthy Schools Approach. Content analysis was performed on the focus group notes; the following emerged in order of priority to ensure sustainability of the Approach in the schools:

1. Support from PHNs
2. Support from administrators and the school boards
3. Funding
4. Expand committee to parents and other teachers
5. Other factors (including leadership, holding regular meetings, and give time to teachers to participate)

PHNs provided a number of suggestions to ensure sustainability of the Approach, including:

- Promote a more active role for school leads, as opposed to the PHNs
- Seek more recognition and support for supply teachers from school boards
- Promote the program among school and school board administrators
- Increase the mental health content
- Have PHNs attend wellness committee-supported events
- Ensure PHN support for engaged schools is permanent

Focus group findings

Teacher champions: How the process can be replicated

The following highlights are from the November 2011 focus group, conducted with four teacher champions, representing both school boards:

- There is a strong focus on physical activity and Daily Physical Activity (DPA) committees have played a large role
- There is a strong desire to improve on low fitness levels of students
- Mental health issues need to be addressed
- Breakfast and lunch programs integrate well with this Approach
- There is a desire and need to raise money to support activities (e.g., healthy food is more expensive)
- A wellness approach needs to be taken and guidance teachers need to get involved
- Games are a major vehicle to encourage student participation
- Need buy-in from parents and older, secondary students
- Peel Public Health's School Health 101 website needs to be updated to include Healthy Schools Approach materials
- Clarity is needed to understand the link between individual activities/programs and the larger Healthy Schools Approach framework

Impact

Overall school progress: Summary of December 2011 and June 2012 survey findings

Position on Healthy Schools Approach continuum

The two questionnaires, completed by the 22 pilot schools in December 2011 and June 2012, were compared to help determine each school's position on the Healthy Schools Approach continuum, (initiation, action or maintenance phases, Appendix D) and help determine the impact of the Healthy Schools Approach. It is anticipated that schools will move along this continuum as they understand the Approach, as well as plan, implement and evaluate healthy programs and activities.

By June 2012, two schools were still at the initiation phase, two were at the maintenance phase, and 18 were at the action phase. From this, most schools reported at least a small change that resulted in a shift along the Healthy Schools Approach continuum.

Policy development

Policy development is an important part of the work of the committees to ensure a supportive social environment is upheld in schools. On average, more schools took action in developing a health-related policy/activity in June 2012 as compared to December 2011. In total, 64 per cent of committees reported engaging in food-related activities and policies, 55 per cent in physical activity, and 36 per cent in mental health-related activities and policy work. Figure 2 outlines the number of schools that implemented activities and policies that support physical activity, healthy eating, and climate.

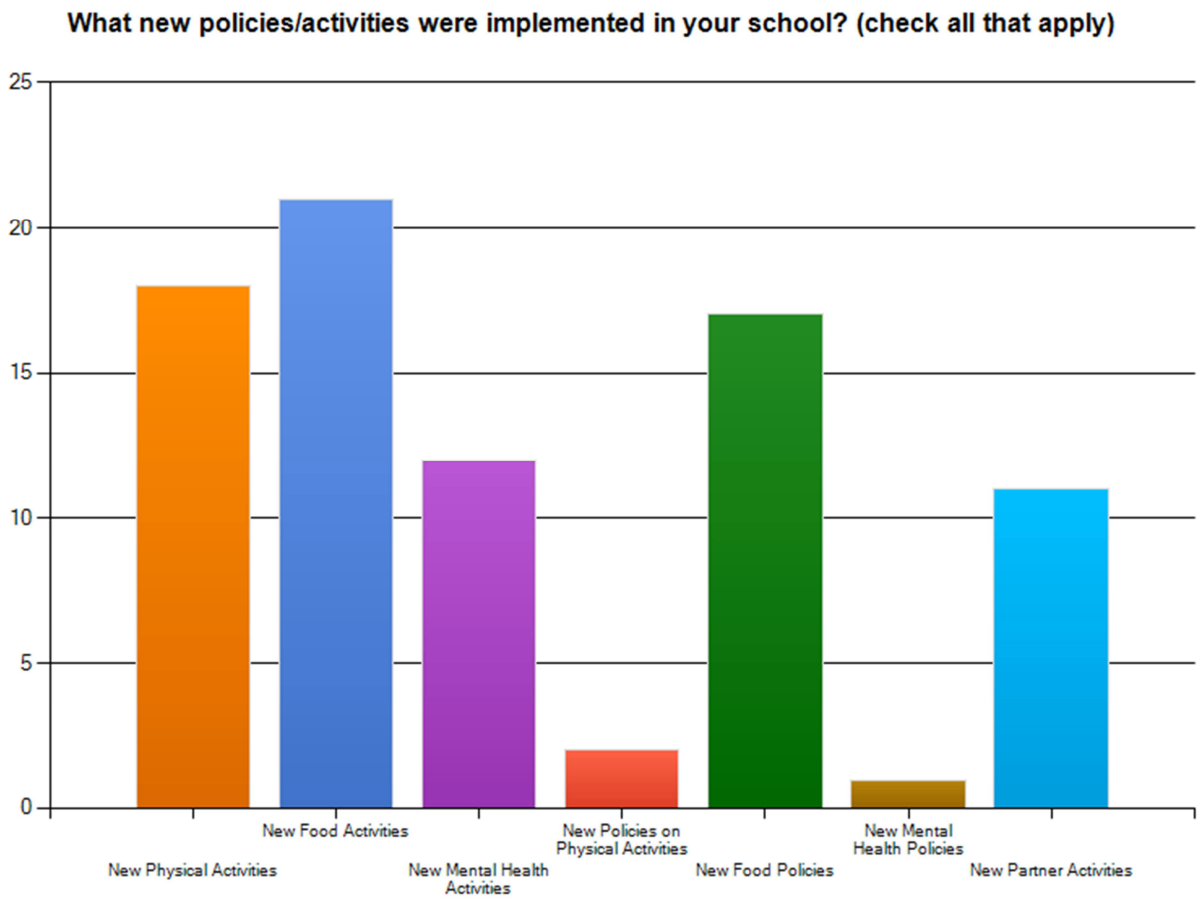

Figure 2. New policies/activities implemented in schools by physical activity, healthy eating and climate

Feedback from all three participant groups

During the focus group sessions, all three participant groups were asked about the initial impact of the Healthy Schools Approach. PHNs reported positive process changes that had occurred in the work of the health/wellness committees. This included health/wellness committees being more organized, being able to address the needs of multiple stakeholder groups more effectively, designing better activities, taking a more thoughtful approach, and connecting goals and objectives.

Administrators reported valuing the Healthy Schools Approach because the analysis and planning framework matched their own need for their school's planning. They also reported that Peel Public Health's role was vital and very useful. Further, administrators noted the following impacts of the Healthy Schools Approach:

- Improved hallway safety and a decline in school yard incidents during intramurals
- Increased programs and activities for students not involved in team sports
- Fewer nutritional break issues and fewer issues of hunger, as a result of breakfast clubs

Teachers also reported on the impacts they observed as a result of the Healthy Schools Approach. Many noted improvements in mental health and wellness. As previously noted, these included improvements in bullying incidences, self-confidence and mutual respect among students. Some teachers also reported changing staff room practices to reflect healthier food options, that some cafeterias started serving more culturally-relevant foods, and students were more aware of what a healthy snack is. Overall, teachers also reported improved school physical activity agendas with more teachers endorsing a healthy lifestyle and more students being motivated and engaged in programs and activities that support physical activity.

Use of toolkit

Public health nurses, administrators, and teachers were asked to share their perceptions of the toolkit (Appendix B). During the focus group sessions, the PHNs expressed that many of the schools were not ready for the toolkit, since it was too complicated and not clearly explained. Teachers mentioned the surveys, newsletters, media and foundational quality as benefits. Many teachers indicated not using the toolkit. Both PHNs and teachers offered suggestions to improve the toolkit, including:

- Update the format to be more user friendly and simplify the language
- Acknowledge the different stages of the schools and possible non-linear approaches
- Have the pillars of the program stand out more
- Allow more time for the start-up phase
- Ensure the benefits of evaluation are clear
- Make the toolkit available online (School Health 101 website)
- Include best practices

Further, administrators and teachers expressed that PHNs were needed to support effective use of the toolkit; their support was vital. Teachers were asked to rate the toolkit contents (from 1 to 10) and, on average, rated the contents as 6.3 out of 10.

LIMITATIONS

Limitations in the study design relate to the lack of student input in this evaluation. Perspectives have been restricted to PHNs, administrators and teachers. Also, since this is a preliminary one-year pilot evaluation, inadequate time has elapsed to estimate impact and effectively assess for sustainability.

DISCUSSION

The purpose of this mixed methods pilot evaluation was to evaluate the preliminary implementation of the Healthy Schools Approach.

All three participant groups were able to provide their perspectives on the process, implementation, evaluation and achieved successes from utilizing the Healthy Schools Approach, as well as their perspectives on the role of the PHN, toolkit and barriers and limitations related to the various facets of the Approach. Noted limitations included the toolkit, financial resources and not enough buy in from parents, community members, school staff and school boards. Overall, all three participant groups reported successes from the implementation of the Healthy Schools Approach, including increased awareness and understanding of the Approach, increased student engagement and motivation around healthy eating and physical activity, decreased incidences of bullying during recess and lunchtime, and satisfaction with the PHN role and Peel Public Health.

This evaluation highlighted the need to approach schools "where they are at" and utilize the tools to tailor the Approach to suit each school's unique needs and stage. Although most schools recognized and reported movement in their placement on the Healthy Schools Approach continuum, it must be acknowledged that each school may require different resources, such as customized approaches, PHN support, and resources.

Further, this pilot evaluation highlighted the need to streamline the toolkit and make it available in an online format, continue to engage with both school boards to increase support and buy in of the Approach, and ensure PHN support of engaged schools. This evaluation also highlighted the supports and school investment required to move along the Healthy Schools Approach continuum, with the ultimate goal of sustainability and Maintenance (Appendix D).

RECOMMENDATIONS

1. Revise the toolkit by streamlining the content, make it available on line (schoolheath101.ca), and provide additional orientation sessions with schools to review the content.
2. Continue to administer an annual questionnaire on the program to continuously resolve barriers and analyze progress made in implementing the Approach.
3. Continue to ensure PHNs support schools engaged in the Approach and look for ways to continuously support improved environmental changes to support healthy eating, physical activity and tobacco-free living.
4. Continue to seek support from both Dufferin-Peel Catholic District School Board and Peel District School Board for engagement in the Healthy Schools Approach.

REFERENCES

Joint Consortium for School Health. (2011). Joint consortium for school Health healthy school planner. Retrieved December 5, 2012 from: http://www.jcsh-cces.ca/index.php/component/content/article/98-english-content/81-jcsh-healthy-school-planner?highlight=YTo2OntpOjA7czo3OiJoZWFsdGh5IjtpOjE7czo2OiJzY2hvb2wiO2k6MjtzOjc6InBsYW5uZXIiO2k6MztzOjE0OiJoZWFsdGh5IHNjaG9vbCI7aTo0O3M6MjI6ImhlYWx0aHkgc2Nob29sIHBsYW5uZXIiO2k6NTtzOjE0OiJzY2hvb2wgcGxhbm5lciI7fQ==

Region of Peel. (2010). Staying ahead of the curve: The public health 10-year strategic plan. Retrieved December 5, 2012 from: http://www.peelregion.ca/health/health-status-report/stay-ahead-curve/pdfs/full-report.pdf

Stewart-Brown, S. (2006). What is the evidence on school health promotion in improving health or preventing disease and, specifically what is the effectiveness of the health promoting schools approach? Copenhagen: World Health Organization.

Ministry of Health and Long-Term Care. (2008). Ontario public health standards. Retrieved December 5, 2012 from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/ophs_2008.pdf

APPENDICES

Appendix A: Healthy Schools Approach Model

Appendix B: Toolkit Contents

Appendix C: Overview of Peel Public Health's Strategic Priorities

Appendix D: Healthy School Continuum from Joint Consortium for School Health Healthy School Planner

Appendix A: Healthy Schools Approach Model

A Healthy School

The Healthy Schools Approach recognizes that healthy children are better able to learn and that schools can directly influence children's health.
A Healthy School is an environment which promotes the health and well-being of students, families, and school communities. This environment is created through policies and practices that:

- Promote healthy behaviours
- Promote respect for self and others
- Help students develop life skills required to succeed

Healthy Schools Approach Process

The most effective way to create a sustainable Healthy School is to develop multi-component strategies in a coordinated manner:

Form a committee

- Form a committee or use an existing committee (Safe Schools, Climate, Student Success or School Council)
- Engage community partners, parents, teachers, and students

Assess your school community

- Determine the strengths and needs of the school community
- Stimulate discussion on health topic within the committee
- Reflect on the effectiveness of current activities
- Identify and prioritize areas for improvement

Plan and take action

- Develop an action (work) plan based on prioritized health needs
- Carry out the action plan using multi-component strategies

Evaluate and celebrate

- Evaluate activities
- Recognize and communicate successes
- Celebrate

Appendix B: Toolkit Contents

The School Health Program, Peel Public Health, developed a binder of resources and tools for all pilot schools. The binder included the following:

Recruitment of committee members

- Sample announcements
- Sample flyers
- Sample newsletter content
- Sample parent/guardian permission forms
- Sample agenda and meeting minute template
- Sample terms of reference

Assessment

- Data collection planning tool
- Resource inventory mapping guide
- Sample newsletter insert
- Sample assessment questionnaires
- Decision-making matrix

Planning and implementation

- Sample action plan with sample SMART (Specific, Measurable, Attainable, Realistic, Timely) Goals
- Sample participant feedback questionnaire

Evaluation and celebration

- Reflection template
- Sample school success story template
- Sample newsletter update
- Sample certificates (for committee members)

Appendix C: Overview of Peel Public Health's Strategic Priorities*

**as it relates to the Healthy Schools Approach*

In 2009, as part of Peel Public Health's 10-year strategic plan, program priorities were selected to improve the health of Peel residents. Specifically, two program priorities align with this project:

1. ***Living tobacco-free***
    - Smoking remains the single largest preventable cause of disease and premature death
    - This priority will set out new strategies for the prevention and cessation of smoking, and for the protection of others from the effects of second-hand smoke
2. ***Supportive environments for healthy living***
    - Overweight and obesity are risk factors for several disease and conditions, and places significant financial burden on the health care system
    - This priority will result in population-based initiatives to fight overweight and obesity

For full access to Staying Ahead of the Curve: The Public Health 10-Year Strategic Plan, please visit: http://www.peelregion.ca/health/health-status-report/stay-ahead-curve/

Appendix D: Healthy School Continuum from Joint Consortium for School Health Healthy School Planner

Phase 1: Initiation

A school currently in the *Initiation* phase:

- On average, falls short of meeting the recommendations related to school capacity for physical activity, healthy eating, and tobacco control.
- Exhibits extensive room for improvement.

⇔

Phase 2: Action

A school currently in the *Action* phase:

- Meets the recommendations in several, but not all areas related to school capacity for physical activity, healthy eating, and tobacco control.
- Exhibits some room for improvement.

⇔

Phase 3: Maintenance

A school currently in the *Maintenance* phase:

- Consistently meets or exceeds the recommendations related to school capacity for physical activity, healthy eating, and tobacco control.
- Is encouraged to maintain the current level of commitment to supporting physical activity, healthy eating, and tobacco control at school.

To access the Joint Consortium for School Health website and general surveys, please visit: http://www.jcsh-cces.ca/index.php/school-health