A journey into school health promotion: district implementation of the health promoting schools approach

DOUG GLEDDIE*

Department of Physical Education, Grant MacEwan University, 10700-104 Ave, Edmonton, AB, Canada T5J 4S2
*Corresponding author. E-mail: gleddied@macewan.ca

SUMMARY

The health-promoting schools approach has gained momentum in the last decade with many jurisdictions providing guidelines and frameworks for general implementation. Although general agreement exists as to the broad strokes needed for effectiveness, less apparent are local implementation designs and models. The Battle River Project was designed to explore one such local implementation strategy for a provincial (Alberta, Canada) health promoting schools program. Located in the Battle River School Division, the project featured a partnership between Ever Active Schools, the school division and the local health authority. Case study was used to come to a greater understanding of how the health promoting schools approach worked in this particular school authority and model. Three themes emerged: participation, coordination and, integration.

Key words: health promoting schools; school health promotion; schools

INTRODUCTION

December 19, 2007. We sat together for the first time as a steering committee for the Battle River Project in a small room at the Seniors' Centre in Camrose. I looked around at everyone and thought to myself, ‘Wow, this is awesome. Everyone is here!’ We had teachers, administrators, health professionals, the chair of the school board, another trustee, an associate superintendent and the director of curriculum—all of us meeting together to figure out how to implement a Health-Promoting Schools approach, via the Ever Active Schools Program, in the Battle River School Division. Although I had no idea where we would end up, I thought, ‘This, this is a good place to start’. (Meeting notes, 19 December 2007)

June 18, 2008. All 22 champions from the participating schools had been asked the following questions: When you go to sleep at night and dream about healthy schools, what do you dream about for your school? ...for your district? ...for your province? Heads down, intently scribbling on the provided index cards—I had not expected such fervent focus so late in the day. Later, reading the thoughtful, sometimes passionate answers, I found out why. These individuals cared, not only about their own schools and students but far, far beyond. They understood the connections between learning and health; understood that it takes us all to make lasting, effective, positive change. (Meeting notes, 18 June 2008)

HEALTH-PROMOTING SCHOOLS AND THE BATTLE RIVER PROJECT

The Health-Promoting Schools Approach (HPS) continues to gain significance and support in many countries. A recent publication featured 26 case studies from around the world, all of which utilized HPS in some manner (Whitman and Aldinger,
Beginning with a set of guidelines developed in 1995 by the World Health Organization, it can be agreed that HPS seeks to bridge the gap between health and learning. School communities that use the approach work towards policy development, supportive social and physical environments, school/community relationships, personal health skills and effective school health services (WHO, 1996). Other organizations such as the International Union of Health Promotion and Education (IUHPE), the Pan-Canadian Joint Consortia for School Health (JCSH) and the Ever Active Schools Program (EAS) also offer equivalent guidelines and frameworks for school communities that wish to utilize the HPS approach (IUHPE, 2009; EAS, 2010; JCSH, 2010).

The HPS approach has endured for over 15 years, and a number of recent related articles have examined issues of efficacy, evaluation and implementation (St. Leger, 1999; Mitchell et al., 2000; Deschesnes et al., 2003; Mukoma and Flisher, 2004; Stewart-Brown, 2006; Franks et al., 2007). Through meta-analysis, research and evaluation, much has been learned about the broad strokes required to be successful: the importance of an extended timeframe for effective change (Mitchell et al., 2000; Mukoma and Flisher, 2004; Stewart-Brown, 2006), the need for political and financial support (Deschesnes et al., 2003), the involvement of critical partners (Mitchell et al., 2000), and the multifactorial nature of effective HPS (St. Leger, 1999; Stewart-Brown, 2006), to name a few. What appears to be lacking are details of local implementation design and practice. Stewart-Brown acknowledged that despite the depth of her meta-analysis for the WHO, there was a failure to answer critical questions related to how particular initiatives worked and what might increase local efficacy. It is generally agreed that further research that utilizes multiple methodologies is necessary for the ongoing development of implementation design, evaluation and effectiveness of the HPS approach (St. Leger, 1999; Mitchell et al., 2000; Deschesnes et al., 2003; Mukoma and Flisher, 2004; Inchley et al., 2006; Stewart-Brown, 2006).

**PURPOSE OF STUDY**

EAS is the only provincial organization that is implementing HPS in Alberta, Canada. After 7 years of working with individual school communities to ‘facilitate the development of healthy children and youth by fostering social and physical environments that support healthy, active school communities’ (EAS, 2009), EAS staff began to question the effectiveness of working with individual school communities. If health and education outcomes are linked, could those outcomes be reached more effectively through a systemic approach that targets school districts? Perhaps provincial implementation could align with the local school district resources, strategies and purpose while still allowing for differences between individual school communities within the district. After much consultation and planning, the Battle River Project (BRP; Gleddie and Melnychuk, 2010) came into being.

The essential purpose of the study was to examine the effectiveness of a local school district implementation model of the HPS. Rather than seek a definitive answer to one question, however, the intent of the research was to explore how a particular HPS model actually worked. The process therefore involved asking a number of questions such as the following: How did the school and district culture change as a result of implementation? What does successful implementation of the HPS look like at the district level? How did the model effect change? What strategies were effective? Are there some common themes in successful implementation at the school level? Additionally, if the model proved to be effective, perhaps EAS could choose to pursue a provincial implementation of HPS based on the findings from the BRP.

**CONTEXT**

The project was located in the Battle River School District (BRSD) in Alberta, a western province in Canada. Alberta has 63 school authorities (public, Catholic and francophone, not including private and charter schools) that operate over 2000 schools with more than a half million students. The BRSD is a predominantly rural, medium-size school district (37 schools) that includes the City of Camrose (10 schools) and the Counties of Camrose (8 schools), Flagstaff (9 schools) and Beaver (10 schools). Twenty-one schools voluntarily participated in
the BRP; they represent 85% of the student population of the BRSD.

The project was initiated by EAS in partnership with the BRSD and assisted by Alberta Health Services ([AHS] the provincial and regional health services provider). Interventions focused on social and organizational levels with the end goal of positively affecting student health outcomes and the school environment. Participating schools had access to resources and supports such as: professional development in the areas of healthy eating, physical activity and mental wellbeing; tools to measure progress and assist planning; release time for training, collaboration, learning and planning; access to expert advice and support from project partners and other agencies and; facilitated collaboration and information exchanges with school cohorts. The essential question of the BRP was, ‘How can the school environment and health outcomes of children and youth, specifically healthy eating, physical activity, and mental well-being, be positively improved when a Health-Promoting Schools model, the Ever Active Schools Program, is implemented with school district support?’

All of the partners supported the participant schools to facilitate the development of healthy, active school communities. Each school community and champion (lead teacher) formed a committee, assessed their school community, and made plans to improve the general areas of healthy eating, physical activity and mental wellbeing. Each school community decided their priorities, strategies and implementation plan with the support of the project coordinator and project partners. The project also included a number of embedded school and student health measures that were shared with school communities each year and provided statistical data to inform school and division decisions (Gleddie and Melnychuk, 2010).

Methodology
A case study approach was used to examine the BRP. By design, case study methodology must have a ‘case’. Merriam (1998) described this as ‘intensive descriptions and analyses of a single unit or bounded system’ (p. 19). Stake (1995) explained that ‘the case is an integrated system’ (p. 2). Implementing HPS within one school system fit the requirements of a closed system. A case has been made out of the BRP as a district implementation model, and the methodology enabled delving into the how of implementation.

Merriam (1998) also described a case study as having three particular characteristics: particularistic, descriptive and heuristic. The study of the BRP examined the implementation of HPS within the school district and focused on the issues, problems, solutions and particularities within those bounds. The end result of a case study should be a rich, deep description of the actual event or problem (Stake, 1995). One of the goals in this study was to examine how whatever happened, happened, rather than just listing the results. Finally, to be heuristic, a study needs to uncover meaning and bring about a deeper understanding of the phenomenon that is being studied. ‘Insights into how things get to be the way they are can be expected to result from case studies’ (Stake, 1981; as cited in Merriam, 1998). If the research allows others to rethink and come to a greater understanding of how HPS can work in a school district, then it will have had value and longevity.

One of the benefits of case study methodology is the ability to include and analyze many different forms of data (Merriam, 1998; Stake, 1995). Stewart-Harawira (2005) built on this idea and spoke to the Iroquois concept of all data having value regardless of source. In that light, data were gathered and valued from focus groups of teacher champions and principals; interviews with teachers and principals; a variety of documents on, for example, policy and administrative procedure, school action plans, meeting minutes and notes, feedback and materials from champion workshops and, finally, personal observations and interactions over a three-year involvement with the BRP.

Theoretical framework
Qualitative methodology is inherently inductive, with categories and themes that emerge from within the study rather than using preset hypotheses or theories (Creswell, 1994). Hermeneutics provides the basis for this research journey, primarily in the form of interpretive inquiry (Ellis, 1998). The idea of research being described as a conversation through which we engage each other’s horizons (subjectivities, forestructure) and create understanding motivated and guided the study
which has been an exploration. Case study was the vehicle and hermeneutics/interpretive inquiry the driver. In the evolution of the research, created knowledge was developed from the relationships between the subject area, the participants and the researcher (Denzin and Lincoln, 1994). Travelling farther and farther into the question of healthy schools has led to new and intriguing places. Hermeneutics gave the study the structure to begin to uncover the elements needed to implement and sustain healthy school communities.

About the investigator

The BRP began as the author’s idea for a grant application, was initiated as part of required graduate work through a series of courses and papers and sprang to fruition through daily work as the director of EAS. The project was designed to examine ways to further HPS in Alberta through EAS, and the design drew on conversations with many different people involved in HPS at a variety of levels. The author’s background, training and experience as a teacher have also firmly embedded the value of praxis: If it doesn’t work for the teacher, it will not work at all!

FINDINGS AND DISCUSSION

When kids walked out of my school, someone said, ‘What do you see as a success?’ If I come down 20 years from now and I’m driving down the road and I see kids that I’ve taught and they’re going for a run, somewhere along the line I was successful. They still want to be active citizens. (Focus group participant)

A school is a complex place full of interactions, relationships and stories. The division within which the school is located is by no means a simpler entity. The challenge of determining how the BRSD embraced the HPS involved sifting and winnowing through a great deal of data. As mentioned earlier, the primary purpose of the research was to provide space for others to think and come to a greater understanding of how HPS can work in a particular school authority. The description of how the BRP worked has been organized into three essential themes: participation, coordination and integration.

Theme 1: Participation

It’s positive anytime we’re talking about healthy living. Very few people are going to say, ‘No, that’s not a good thing to do.’ My sense though is that it was much more ambivalence, that, okay, here is another project from the division, and how much is it going to cost? What do I have to do as an individual teacher to get this thing off the ground? For the most part, it was just something we accepted. (Focus group participant)

Each school and champion participated in the project somewhat differently. Some jumped in feet first, created a committee and got to work. Others signed up and then sat back to get a sense of what might happen. Still others decided to limit the project to only physical activity or healthy eating and did not invite anyone else on the staff or in the community to participate. It is important to remember that a school division such as the BRSD has a great deal going on, and school staff can be inundated with requests for initiatives and projects.

Even the title, Battle River Project, became a barrier for some participants because they felt that it did not have a direct connection to what the project was trying to do. In the second year the project coordinator suggested to the Steering Committee that we add the tagline ‘Building Healthy School Communities’ to the name for that very reason. Looking back, it seems that the title of the project was picked more from the perspective of EAS (to show that we were working with one particular division) than from the perspective of the division (to choose a name that would mean something to staff).

Many times in interviews and focus groups and in a variety of documents the word value was used. A critical indicator of a school’s or champion’s participation level was whether the school or champion valued the concept of healthy schools. One focus group participant mentioned that until the culture of the division office changed and there was some accountability, in his or her eyes it was ‘lip service’ only. An essential element of any successful HPS implementation, then, is the inherent value of health to a school community. One champion explained that at his or her school, that value came when the staff realized ‘that this project was not just for the kids; it was for kids and for staff and for parents. They quickly bought in
because staff wellness is always a big issue’ (Interview participant).

Participating schools had access to release time for the purpose of meeting, developing strategies or initiatives, sharing ideas and planning the implementation. There was a fairly large discrepancy in how individual schools accessed these days. Most schools used every sub day possible and asked for more; others struggled to use a few. In conversations with the project coordinator over the 3 years, we came to the conclusion that it was best to allow some flexible rigidity. Rather than allow unlimited choice for the use of these days, we planned to target some for specific processes (planning, meetings), some for specific training or professional development, and others for ‘flex time’ for which schools could apply if the need arose. As the following statement illustrates, overall, the release time was seen as very positive: ‘And if the subs not paid for, my principal’s probably going to say, “Oh, I don’t know if I want to pay for a sub, so you can go to something like that [gymnastics workshop]”’ (Focus group participant).

**Theme 2: Coordination**

I think it was really important to have administrators or somebody else besides just the school champion involved. (Interview participant)

From deciding on allocation of release time to organizing meetings, the inherent complexity of the BRP required extensive coordination at three levels. First and foremost were the school champions who were responsible for local school implementation. Next, the project coordinator, paid jointly by the BRSD and EAS, was responsible for division implementation and aided by the Steering and Builders Committees. Finally, through both committees and through reports on the project to granting agencies, the division and the province, EAS provided direction to the project coordinator.

The most effective champions, as evidenced through commitment and involvement in the project, involved their staff from the outset and quickly formed a committee for school health. ‘So it’s nice to have different people who are involved in the school in different ways, not just always physical education teachers’ (Focus group participant). A true mix of stakeholders was invited to participate in the process as well as the activities. One champion explained it as:

spending some time to explain why you are doing things and how it’s going to work and how it is going to benefit them. Our staff definitely became part of the process. They helped develop the goals for the school. (Interview participant)

Not only was the project coordinator’s role complex, but to some extent it also had to be created ‘on the fly’ and was constantly in transition. One area for improvement that some champions, the Steering Committee and the project coordinator identified was communication: ‘Maybe that could have been the project coordinator’s job right from day one making it [the BRP] more known, and then celebrating what is happening in each building. And then schools can feedback off that’ (Focus group participant). The champions also identified the need to develop key messages and gather resources: ‘That to me is part of their job, is to pick the best one or two (from a large list of Web sites, for example) and say, “Here, this is great. You go there”’ (Focus group participant). What also became apparent in the focus groups was that some participants were unclear about the intended role of the project coordinator. We should have communicated much more clearly, even the fact that the position was only 0.6 FTE, not full-time as some thought.

One strategy that was successful in providing direction and a sense of accountability to the project coordinator was the creation in year 2 of the Builders Team. The Year Two Final Report states:

A Builder’s Team was formed consisting of teachers from each grade level division, district staff, health practitioners and board members. Essentially, the Builder’s Team is a sub-committee of the Steering group that also provides direct support to the Project Coordinator as well as project consultation and direction. (p. 1)

The new team created an instant network on which the project coordinator could rely for feedback, idea generation and support. Comments such as ‘Having someone [project coordinator] in the middle and having someone coordinate all that stuff makes it so much easier’ (Focus group participant) illustrate the importance of having someone in place to coordinate the HPS process and implementation.
Theme 3: Integration

Staff never saw this as an add-on. It has always been something that has been a positive thing in our building. Even the students, changing our canteen to be healthy, they just accepted it right away. (Focus group participant)

The Board believes that the Health Promoting Schools approach contributes to the realization of the BRSD vision and mission through its support of the Pyramid of Success. Academic, character and relationship development rests on the base of family, community and health. (BRSD, 2009, p. 2)

HPS as implemented in the BRP can be seen as both top-down and bottom-up. Many of the staff and students were ready for change and already working in some capacity to improve the health of their school communities. Policy statements such as the one above created a sense of legitimacy: ‘Now it was not just us at the school telling them; there were other people, the school trustees’ (Focus group participant). At a provincial HPS conference where the project coordinator, a division office staff member and a trustee presented a session on the development of policy and procedure in the BRSD, a participant asked the following question: ‘Do you think it is better to begin with policy first and make it [health] happen?’ The three presenters all quickly replied that they felt that the policy and procedure in the BRSD started with a groundswell first, then were reinforced through board and division action.

Health is slowly becoming embedded in the BRSD. The ‘Pyramid of Success’ was modified in 2009 to add health as a pillar. Policy 21 was aptly titled Healthy School Communities and Workplaces to reflect the importance of staff wellness. At a division-wide administrators’ meeting in 2010, the superintendent highlighted critical portions of Administrative Procedure 190 (which explains how Policy 21 is operationalized) and reiterated that the division cares not only about its students, but also about the health of its staff (meeting notes). These actions demonstrate that the integration of health is evident in a variety of documents, processes and, perhaps most important, actions.

The final evidence of the integration of HPS can be found in the 3-year plans that each school in the BRSD is required to maintain. These plans contain demographic information, the results of standardized tests and school goals under the categories of character, academics and relationships (‘Pyramid of Success’, BRSD, 2009). As of September 2010 each school will also have to include an action plan tied to Policy 21 that sets goals and indicators as well as strategies and timelines and identifies the person in the school responsible for each strategy. Each school’s 3-year plan is a public document that can be found on the BRSD Web site. For example, Killam Public School, a K-9 rural school in a town of 1000 people, has a 3-year plan that includes the following two school results goal statements (BRSD, 2010):

(Characters) Students will experience the benefits of being a member of a healthy, active learning community. (p. 4)

(Relationships) Inform stakeholders of the school’s initiatives towards the development of students as healthy, active, responsible citizens. (p. 6)

Documents such as this help to hold school communities accountable to the public. When health is prominent in the policy, administrative procedure, planning, action and accountability structures of a school division, it has truly been integrated.

CONCLUSIONS

Although more research and study of local implementation models are still needed (Moon et al., 1999; St. Leger, 1999; Inchley et al., 2006; Stewart-Brown, 2006), the evidence gathered through this case study strongly supports a school authority-based local implementation. The BRP was designed to implement HPS systematically in a particular school authority or division. Through this project, the BRSD has embedded HPS into its structures and processes. The BRP was particularly effective in stimulating the development of policy and procedure grounded in the HPS and inclusive of physical activity, healthy eating and mental well-being. Although the project was capable of having a direct impact on only 85% of the students, all school communities in the BRSD can now continue to benefit from the division’s focus on health.

EAS as the organization responsible for the provincial implementation of HPS will use the evidence from the BRP to continue to explore the division model as an effective means of
engaging other school authorities. A systematic divisional approach that considers local differences seems to be an effective use of resources because processes can be both streamlined and embedded. Further exploration based on the three emergent themes of participation, coordination and integration will occur as EAS develops relationships with new school divisions.

As with any such project, the hope exists that what was learned through research can be put into place to effect positive change. Over the course of the BRP, a number of key recommendations for district and provincial education and health authorities have emerged (Gleddie, 2011; Gleddie and Hobin, 2011). These can be summarized briefly below.

**Personnel**

Properly implementing HPS at the provincial or school division-level requires someone with the time and expertise to devote to relationship building and communication. Ideally, these people would be connected with an organization such as EAS to facilitate training, professional development, and networking; but it is also important that the coordinator be able to work within the provincial and divisional structure.

**Meet in the middle**

A grassroots movement, supported and structured by the school board and mandated by government, can be very effective. It is important to have both ‘top-down’ and ‘bottom-up’. The need for stakeholder involvement also emerged numerous times throughout the case study and in the literature (Mitchell et al., 2000; Mukoma and Flisher, 2004; Franks et al., 2007). The momentum created by such a synergy of partners allows change not only to happen, but also to be properly supported and embedded.

**Build relationships**

Building a healthy school is not a journey to take alone. Again, multiple stakeholders are important, and the best way to value their opinions is to value who they are. Building quality relationships with and among stakeholders is foundational for effective change to occur.

**Establish lines of communication**

Effective communication is the next logical step after quality relationships have been built. Communication is also the most important factor in preserving those relationships already established. For example, communication must be both vertical: board ↔ superintendent ↔ division staff ↔ administration ↔ school staff/parents ↔ students, and horizontal: communication among members at the different levels.

**Embed health**

In the journey that is health, HPS is not a first aid kit to pull out in critical situations. Rather, it should be a way of life. Planning for healthy schools needs to become part of the decisions that are made on a daily basis—just the way we do business. The 3-year plan referenced by the interview participant below is a critical example: Alberta schools are held accountable for these plans, including goals for healthy schools and students, by their boards, their divisions, their parents and their government.

Inchley et al., (2006) identified ownership, leadership, collaboration and integration as critical concepts in internal school improvement through HPS. Essentially, these concepts were repeated in the three themes that the BRP identified for division implementation. As we continue to build the evidence base for effective local implementation of HPS, it is essential not only to consider individual schools, but also not to ignore the efficacy of utilizing the inherent structures, processes and personnel of local school authorities; rather, they must continue to be explored and developed.

The other key thing is every school has to put these goals on their three-year plan. So that’s the accountability piece right there within each building, is within their three-year plan there’s a template attached to the BRP. I think the success of this project will live on because each administrator has to be responsible. (Interview participant)

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REFERENCES


